

2007 NOT-FOR-PROFIT CORPORATION, REINSTATEMENT

DOCUMENT # N41909 1. Entity Name SPRING BRAIN CONFERENCE, INC.	
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FILED
 07 JAN 19 PM 2:07
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business % ROBERT P. YEZIERSKI P O BOX 100444 DEPT OF ORTHODONTICS GAINESVILLE, FL 32610	Mailing Address % ROBERT P. YEZIERSKI P O BOX 100444 DEPT OF ORTHODONTICS GAINESVILLE, FL 32610
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

REINSTATEMENT 06-07

4. FEI Number 65-0238406	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent YEZIERSKI, ROBERT P PHD PO BOX 100444, 1600 SW ARCHER RD D10-19 GAINESVILLE, FL 32610	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Robert P. Yezierski* 1/17/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$297.50 Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ROBERT P. YETZIERSKI <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT P. YETZIERSKI	NAME	
STREET ADDRESS	1600 SW ARCHER RD D10-19	STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 32610	CITY - ST - ZIP	
TITLE	D BASBAUM, ALLAN I <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASBAUM, ALLAN I	NAME	<i>AS 1/22</i>
STREET ADDRESS	513 PARNASEUS BOX 0452	STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO, CA 94143	CITY - ST - ZIP	
TITLE	D FELDMAN, JACK <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, JACK	NAME	
STREET ADDRESS	BOX 951763	STREET ADDRESS	
CITY - ST - ZIP	LOS ANGELES, CA 90095	CITY - ST - ZIP	
TITLE	D GRESLER, GLENN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRESLER, GLENN	NAME	
STREET ADDRESS	G-145 JACKSON HALL	STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS, MN 55455	CITY - ST - ZIP	
TITLE	D JACQUIN, MARK <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACQUIN, MARK	NAME	
STREET ADDRESS	660 S EUCLID BOX 8111	STREET ADDRESS	
CITY - ST - ZIP	SAINT LOUIS, MO 63110	CITY - ST - ZIP	
TITLE	D SMITH, JIM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JIM	NAME	
STREET ADDRESS	MEDICAL CENTER BLVD	STREET ADDRESS	
CITY - ST - ZIP	WINSTON SALEM, NC 27157	CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert P. Yezierski* 1/17/07 352-392-4081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #