

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
May 04, 2011
Secretary of State**

DOCUMENT# N93000002976

Entity Name: THE ASSOCIATION OF PARENTS AND TEACHERS OF THE LEARNING EXPERIENCE SCHOOL, INC.

Current Principal Place of Business:

536 CORAL WAY
CORAL GABLES, FL 33134

New Principal Place of Business:

5651 SW 82ND AVENUE ROAD
MIAMI, FL 33143 US

Current Mailing Address:

536 CORAL WAY
CORAL GABLES, FL 33134

New Mailing Address:

5651 SW 82ND AVENUE RD
MIAMI, FL 33143 US

FEI Number: 65-0424649 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FELDMAN, BENNETT G
2655 LEJEUNE ROAD
SUITE 541
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: BENNETT FELDMAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: REYES, MELBA
Address: 16237 SW 81 TERR
City-St-Zip: MIAMI, FL 33193 US

Title: SD
Name: SALTER, MARY
Address: 10361 S.W. 140TH STREET
City-St-Zip: MIAMI, FL 33176 US

Title: TD
Name: MACHIN, MANUEL
Address: 6225 SW 25 ST
City-St-Zip: MIAMI, FL 33155 US

Title: VPD
Name: SANCHEZ, LORI
Address: 14575 SW 79 AVE
City-St-Zip: MIAMI, FL 33156 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MANUEL MACHIN

TD

05/04/2011

Electronic Signature of Signing Officer or Director

Date