2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # N95000003471 FILED ALPHA EDUCATION READING AND TUTORIAL 07 OCT 31 AM 8: 51 SERVICES INC. SEUMERARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 867 AZALEA DRIVE 867 AZALEA DRIVE ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. REINSTATEMENTO99 (1/07) City & State City & State FEI Number 65-0695579 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBINSON, DOLORES O PRES. 867 AZALEA DRIVE Street Address (P.O. Box Number is Not Acceptable) ROYAL PALM BEACH, FL 33411 City Zip Code 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 A FILE NOW!!! FEE IS \$61.25 In accordance with s. 607.193(2)(b), F.S., the Make check payable to After January 1, 2008, Fee will be \$122.50 corporation did not receive the prior notice. Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. 11. TITLE ☐ Delete ☐ Change TITLE ■ Addition NAME ROBINSON, DOLORES O 700111554087 10/31/07--01047--001 **70.00 NAME STREET ADDRESS 867 AZALEA DR STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MOSLEY, LESTER NAME STREET ADDRESS 301 N.W. 11TH STREET STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HOLMES, WILLIAM NAME STREET ADDRESS 301 NW 11TH STREET STREET ADDRESS CITY-ST-7IP BELLE GLADE, FL 33430 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME COLLIER, MICHEAL NAME STREET ADORESS 1102 WEST AVE .A STREET ADDRESS CITY-ST-ZIP BELLE GLADE, FL 33430 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.