

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000004253

FILED
Mar 14, 2006
Secretary of State

Entity Name: NEW ERA APPRENTICESHIP AND EDUCATION SERVICES, INC.

Current Principal Place of Business:

888 N ORANGE AVE
ORLANDO, FL 32802 US

New Principal Place of Business:

10521 EMERALD CHASE DRIVE
ORLANDO, FL 32836 US

Current Mailing Address:

888 NORTH ORANGE AVE
ORLANDO, FL 32819 US

New Mailing Address:

PO BOX 22244
LAKE BUENA VISTA, FL 32830 US

FEI Number: 59-3325820 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FOULKES, CATHERINE W
7648 APPLE TREE CIRCLE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

FOULKES, CATHERINE W
10521 EMERALD CHASE DRIVE
ORLANDO, FL 32819 US

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: DR. CATHERINE W. FOULKES

03/14/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIS, VERA L
Address: 10521 EMERALD CHASE DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: WHITE, KAMAL
Address: 7648 APPLE TREE CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: DV () Delete
Name: FOULKES, CATHERINE L
Address: 10521 EMERALD CHASE DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: DP () Delete
Name: FOULKES, CATHERINE W
Address: 10521 EMERALD CHASE
City-St-Zip: ORLANDO, FL 32836

Title: DCWM () Delete
Name: ROEBUCK, ED JR
Address: 10521 EMERALD CHASE DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: BROWN, DEVLAN J
Address: 10521 EMERALD CHASE DRIVE
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WINSTON, JAMIL C
Address: 9007 EDENSHIRE CIRCLE
City-St-Zip: ORLANDO, FL 32836

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DR. CATHERINE W. FOULKES

PRES

03/14/2006

Electronic Signature of Signing Officer or Director

Date