2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N97000006869

Entity Name: INVENTORS EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

540 BILTMORE WAY
CORAL GABLES, FL 33134

New Principal Place of Business:

4106 SAN AMARO DRIVE
CORAL GABLES, FL 33146

Current Mailing Address:

540 BILTMORE WAY
CORAL GABLES, FL 33134

New Mailing Address:

4106 SAN AMARO DRIVE
CORAL GABLES, FL 33146

FEI Number: 59-3486153 **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:

MILLER, EDWARD D
540 BILTMORE WAY
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MILLER, EDWARD D
4106 SAN AMARO DRIVE
CORAL GABLES, FL 33146 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: EDWARD D. MILLER 04/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RIDDLE, PAMELA H
Address: 4131 NW 13TH ST., SUITE 220
City-St-Zip: GAINESVILLE, FL 32609

Title: D ( ) Delete
Name: MILLER, EDWARD D
Address: 540 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: KAIN, ROBERT C JR.
Address: 750 SE 3RD AVE., SUITE 100
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: D ( ) Delete
Name: GREEN, JULIE
Address: 15419 PLANTATION OAI DR., #8
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete
Name: GERARD, KATHLEEN A
Address: 4048 HUNTINGTON FOREST BLVD.
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: MILLER, EDWARD D
Address: 4106 SAN AMARO DRIVE
City-St-Zip: CORAL GABLES, FL 33146

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 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: EDWARD D. MILLER D 04/29/2009
Electronic Signature of Signing Officer or Director Date