2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 24, 2005
Secretary of State

DOCUMENT# N98000003525

Entity Name: STUDENTS ARE FOR EDUCATION, INC.

Current Principal Place of Business:

2925 OPTIMIST DRIVE
MARIANNA, FL 32448

New Principal Place of Business:

4685 MEADOWVIEW ROAD
MARIANNA, FL 32448

Current Mailing Address:

1034 FAIRVIEW ROAD
MARIANNA, FL 32448

New Mailing Address:

FEI Number: 59-3517351 **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:

HAMPTON, THAISE A
2925 OPTIMIST DRIVE
MARIANNA, FL 32448 US

Name and Address of New Registered Agent:

HAMPTON, THAISE A
106 FAIRVIEW ROAD
MARIANNA, FL 32448 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: THAISE HAMPTON 03/24/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HAMPTON, THAISE A
Address: 106 FAIRVIEW RD
City-St-Zip: MARIANNA, FL 32448

Title: VP ( ) Delete
Name: DUNCAN, CARL J
Address: 459 INKWOOD LANE
City-St-Zip: TALLAHASSEE, FL 323109087

Title: STD ( ) Delete
Name: PRIDGEON, CHANTELLE
Address: 1034 FAIRVIEW RD
City-St-Zip: MARIANNA, FL 32448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: CHANTELLE PRIDGEON STD 03/24/2005
Electronic Signature of Signing Officer or Director Date