

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000007416

FILED
Sep 13, 2005
Secretary of State

Entity Name: MOTHER WIT INSTITUTE INC.

Current Principal Place of Business:

2737 N. "E" STREET
PENSACOLA, FL 32501

New Principal Place of Business:

2737 N. 'E' STREET
PENSACOLA, FL 32501

Current Mailing Address:

2737 N. "E" STREET
PENSACOLA, FL 32501

New Mailing Address:

2737 NORTH 'E' STREET
PENSACOLA, FL 32501

FEI Number: 59-3651376 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:

BLACKMON, GEORGIA
2737 N. "E" STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

BLACKMON, GEORGIA
2737 N. 'E' STREET
PENSACOLA, FL 32501 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: GEORGIA BLACKMAN

09/13/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLACKMAN, GEORGIA
Address: 2737 N. 'E' STREET
City-St-Zip: PENSACOLA, FL 32501

Title: TD () Delete
Name: WRIGHT, LINDA
Address: 721 WOODLAND DRIVE
City-St-Zip: PENSACOLA, FL

Title: VD () Delete
Name: COLEY, JAMES
Address: 1004 OAKUM CIRCLE
City-St-Zip: PENSACOLA, FL 32505

Title: SD () Delete
Name: BLACKMAN, JOHNNY
Address: 2737 N.
City-St-Zip: PENSACOLA, FL 32501

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:

Title: SD (X) Change () Addition
Name: BLACKMAN, JOHNNY
Address: 2737 N. 'E' STREET
City-St-Zip: PENSACOLA, FL 32501

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: GEORGIA BLACKMAN

PD

09/13/2005

Electronic Signature of Signing Officer or Director

Date