

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000007416

FILED
Oct 01, 2010
Secretary of State

Entity Name: MOTHER WIT INSTITUTE INC.

Current Principal Place of Business:

2737 NORTH "E" STREET
PENSACOLA, FL 32501 US

New Principal Place of Business:

2737 NORTH E STREET
PENSACOLA, FL 32501 US

Current Mailing Address:

2737 NORTH "E" STREET
PENSACOLA, FL 32501 US

New Mailing Address:

2737 NORTH E STREET
PENSACOLA, FL 32501 US

FEI Number: 59-3651376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKMON, GEORGIA
2737 NORTH "E" STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

BLACKMON, GEORGIA
2737 NORTH 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 BLACKMON

10/01/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: BLACKMON, GEORGIA
Address: 2737 NORTH E STREET
City-St-Zip: PENSACOLA, FL 32501 US

Title: ADIR
Name: ARNOLD, JULIA
Address: 8235 STRASBURG RD
City-St-Zip: PENSACOLA, FL 32514 US

Title: TREA
Name: SALTER, ROSE
Address: 202 E YOUNG ST
City-St-Zip: PENSACOLA, FL 32503 US

Title: S
Name: JOHNSON, KRISTAL
Address: 3312 PINE FOREST ROAD
City-St-Zip: PENSACOLA, FL 32533 US

Title: O
Name: BLACKMON, JOHNNY
Address: 2017 NORTH SEVENTH AVENUE
City-St-Zip: PENSACOLA, FL 32503 US

I hereby 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 all other like empowered.

SIGNATURE: GEORGIA BLACKMON

D

10/01/2010

Electronic Signature of Signing Officer or Director

Date