


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000040718		
1. Entity Name EDUCATIONAL INTERVENTION, INC.		

Principal Place of Business 9655 S. DIXIE HWY, STE. 207 PINECREST, FL 33156	Mailing Address 9655 S. DIXIE HWY, STE. 207 PINECREST, FL 33156
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2. Principal Place of Business 16730 SW 82 CT	3. Mailing Address same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palmetto Bay FL	City & State
Zip 33157	Country USA

6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD., STE. 1500 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: Jose Fuente Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo PH 400 City: Coral Gables FL Zip Code: 33146	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jose E Fuente DATE: 12/3/04

Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, SHARON K 9655 S DIXIE HWY STE 207 16730 SW 82 CT MIAMI, FL 33156 Palmetto Bay, FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500043213405 12/06/04--01047--017 **\$150.00
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon Smith DATE: 12/3/04 DAYTIME PHONE #: 305 253 3873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
04 DEC -6 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12032004 REIN-P CR2E098 (6/04)