

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000094739

**FILED**  
**Dec 09, 2014**  
**Secretary of State**

**Entity Name:** OM INSTITUTE OF EDUCATION, INC.

**Current Principal Place of Business:**

9311 CYPRESS BEND DR  
TAMPA, FL 33647

**New Principal Place of Business:**

20107 OAK ALLEY DRIVE  
TAMPA, FL 33647

**Current Mailing Address:**

9311 CYPRESS BEND DR  
TAMPA, FL 33647

**New Mailing Address:**

20107 OAK ALLEY DRIVE  
TAMPA, FL 33647

**FEI Number:** 13-4209985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JADEJA, DAKSHA  
9311 CYPRESS BEND DR  
TAMPA, FL 33647 US

**Name and Address of New Registered Agent:**

JADEJA, DAKSHA  
20107 OAK ALLEY DRIVE  
TAMPA, FL 33647 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: JAY JADEJA

12/09/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MS  
Name: JADEJA, DAKSHA  
Address: 20107 OAK ALLEY DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: MR  
Name: JADEJA, JAY  
Address: 20107 OAK ALLEY DRIVE  
City-St-Zip: TAMPA, FL 33647

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAY JADEJA

MR

12/09/2014

Electronic Signature of Signing Officer or Director

Date