

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000057954

FILED
Nov 29, 2006
Secretary of State

Entity Name: HEALTH EDUCATION TRAINING SCHOOL, INC.

Current Principal Place of Business:

7823 NE 2ND AVENUE
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

505 NE 125TH STREET
MIAMI, FL 33161

New Mailing Address:

FEI Number: 73-1674640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBIN, ERMANE G
505 NE 125TH STREET
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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: ROBIN ERMANE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROBIN, ERMANE G
Address: 505 NE 125TH STREET
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: EUGENE, OSNI
Address: 505 NE 125TH STREET
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: JOSEPH, MARC ANTOINE
Address: 505 NE 125TH STREET
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: DOLE, MARIE
Address: 505 NE 125TH STREET
City-St-Zip: MIAMI, FL 33161

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: () 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 Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC ANTOINE JOSEPH

DIRE

11/29/2006

Electronic Signature of Signing Officer or Director

Date