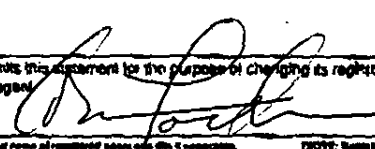
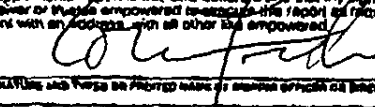


2009 FOR PROFIT CORPORATION REINSTATEMENT

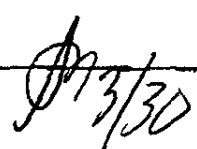
FILED

09 MAR 27 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000095692					
1. Entity Name CAREER & EDUCATIONAL CONSULTANTS, INC.					
Principal Place of Business 12860 SW 51 ST. MIRAMAR FL 33027 US			Mailing Address P.O. BOX 17377 MALEAH FL 33017 US		
2. Principal Place of Business - No P.O. Box			3. Mailing Address P.O. BOX 81953		
State, Apt. #, etc.			State, Apt. #, etc.		
City & State			City & State CONYERS, GA		
Zip		Country		4. FEI Number 20-1278295	
330013		USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORDE, COLIN A DR 12860 SW 51 ST MIRAMAR, FL 33027				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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  3/25/09					
FILE NOW!!! FEE IS \$300.00					
In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS					
TITLE	P	☐ Delete			
NAME	FORDE, COLIN A DR				
STREET ADDRESS	12860 SW 51 STREET				
CITY-ST-ZIP	MIRAMAR, FL 33027				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied and this filing does not qualify for the exemptions contained 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 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 prepare 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 the empowered.					
SIGNATURE:  3/25/09 (770) 761-3734					

REINSTATEMENT 08-09



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