2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000099388

Entity Name: TEACHER'S LIKE US, INC.

FILED Sep 18, 2006 Secretary of State

3816 S. LAKE TERR MIRAMAR, FL 33023

Current Mailing Address: New Mailing Address:

3816 S. LAKE TERR MIRAMAR, FL 33023

FEI Number: 74-3151723 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HINES, DEBRA J 3816 S. LAKE TERR MIRAMAR, FL 33023 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: DEBRA J. HINES

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Delete Title: (X) Change () Addition GROSS, LORI Name: Name: HINES, DEBRA J

3816 S. LAKE TERR 3816 S. LAKE TERR Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: MIRAMAR, FL 33023

VP/D Title: VP/D Title: () Delete (X) Change () Addition Name: HINES, DEBRA J Name: HINES, NYKEVA J

3816 S. LAKE TERR 3816 S. LAKE TERR Address: Address: MIRAMAR, FL 33023 MIRAMAR, FL 33023 City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition GRAHAM, PINKIE HINES, JAMIE F Name: Name:

3816 S. LAKE TERR 3816 S. LAKE TERR Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: MIRAMAR, FL 33023

Title: () Delete Title: () Change () Addition

HINES, BEATRIC L Name: Name: Address: 3816 S. LAKE TERR Address: City-St-Zip: City-St-Zip: MIRAMAR, FL 33023

Title: Title: () Delete (X) Change () Addition

BENNETT, WALTA M Name: Name: HINES, LAQUONIA J 3816 S. LAKE TERR Address: 3816 S. LAKE TERR Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: MIRAMAR, FL 33023

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: DERA J. HINES P/D 09/18/2006