

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000132887

FILED
Mar 31, 2008
Secretary of State

Entity Name: MINDSOARS ACHIEVEMENT CENTER, INC.

Current Principal Place of Business:

4651 SW 106 PLACE
OCALA, FL 34476

New Principal Place of Business:

3016 SE 46TH AVENUE
OCALA, FL 34480

Current Mailing Address:

4651 SW 106 PLACE
OCALA, FL 34476

New Mailing Address:

3016 SE 46TH AVENUE
OCALA, FL 34480

FEI Number: 45-0544961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIBOWITZ, JERRY D.
7890 SHOALS DR., APT. A
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

LEIBOWITZ, JERRY D.
4153 SOUTH SEMORAN BOULEVARD
APT. #3
ORLANDO, FL 32822 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: JERRY D. LEIBOWITZ

03/31/2008

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: DP () Delete
Name: KOCHLANY, SHARON
Address: 4651 SW 106 PLACE
City-St-Zip: OCALA, FL 34476

Title: DV () Delete
Name: KOCHLANY, AMIRAM
Address: 4651 SW 106 PLACE
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KOCHLANY, SHARON
Address: 3016 SE 46TH AVENUE
City-St-Zip: OCALA, FL 34480

Title: DV (X) Change () Addition
Name: KOCHLANY, AMIRAM
Address: 3016 SE 46TH AVENUE
City-St-Zip: OCALA, FL 34480

I hereby certify that the information supplied with this filing does not qualify 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: SHARON KOCHLANY

DP

03/31/2008

Electronic Signature of Signing Officer or Director

Date