

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000094565

**FILED**  
**Nov 13, 2009**  
**Secretary of State**

**Entity Name:** NEW CONCEPT TRAFFIC SCHOOL INC.

**Current Principal Place of Business:**

3740 W BROWARD BLVD  
4  
PLANTATION, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

3740 W BROWARD BLVD  
4  
PLANTATION, FL 33312

**New Mailing Address:**

**FEI Number:** 32-0263489      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

AYODEJI, FRANCIS  
16879 SW 16TH STREET  
PEMBROKE PINES, FL 33027      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:** FRANCIS AYODEJI

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:** P      ( ) Delete  
**Name:** AYODEJI, MURIEL  
**Address:** 3740 W BROWARD BLVD  
**City-St-Zip:** PLANTATION, FL 33312

**Title:** VP      ( ) Delete  
**Name:** AYODEJI, FRANCIS  
**Address:** 16879 SW 16TH STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33027

**Title:** SECR      (X) Delete  
**Name:** CAROLINE, ADEDIWURA  
**Address:** 16879 SW 16TH STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33027

**Title:** TREA      (X) Delete  
**Name:** AYODEJI, SIMMON  
**Address:** 16879 SW 16TH STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33027

**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 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:** MURIEL AYODEJI

P

11/13/2009

Electronic Signature of Signing Officer or Director

Date