

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000034111

FILED
Oct 20, 2005
Secretary of State

Entity Name: AFFECTIVE CONSULTING & INSTRUCTION, INC.

Current Principal Place of Business:

1204 BALLINGER RD
LUTZ, FL 33548 US

New Principal Place of Business:

Current Mailing Address:

1204 BALLINGER RD
LUTZ, FL 33548 US

New Mailing Address:

FEI Number: 59-3373114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMEK, KARYN
1204 BALLINGER RD
LUTZ, FL 33549 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: KARYN ADAMEK

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: SOWELL, STEVEN M
Address: 10113 CHIMNEY HILL COURT
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: ADAMEK, KARYN L
Address: 10113 CHIMNEY HILL COURT
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: KARYN ADAMEK

VP

10/20/2005

Electronic Signature of Signing Officer or Director

Date