2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 30, 2008
Secretary of State

DOCUMENT# F02000000013

Entity Name: ACORN INSTITUTE, INC.

Current Principal Place of Business:

1024 ELYSIAN FIELDS AVE.
NEW ORLEANS, LA 70117

New Principal Place of Business:

Current Mailing Address:

1024 ELYSIAN FIELDS AVE.
NEW ORLEANS, LA 70117

New Mailing Address:

FEI Number: 72-1488419 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: MICHAEL JONES

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: EDMONDS, MILDRED
Address: 1618 PORT STREET
City-St-Zip: NEW ORLEANS, LA 70117

Title: ST ( ) Delete
Name: WODHOUSE, PAT
Address: 2112 CANAL POINTE
City-St-Zip: LITTLE ROCK, AR 72202

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: WOOD HOUSE, PAT
Address: 2112 CANAL POINTE
City-St-Zip: LITTLE ROCK, AR 72202

Title: AT ( ) Change (X) Addition
Name: JONES, MICHAEL
Address: 1024 ELYSIAN FIELDS AVE.
City-St-Zip: NEW ORLEANS, LA 70117

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL JONES AT 01/30/2008

Electronic Signature of Signing Officer or Director — Date