

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000004841

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Entity Name:** EDUCATION CONNECTION SERVICES, INC.

**Current Principal Place of Business:**

6301 KAPLAN UNIVERSITY AVENUE  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

900 BROKEN ARROW PARKWAY  
3RD FLOOR  
BOCA RATON, FL 33487

**Current Mailing Address:**

888 SEVENTH AVENUE 23RD FL  
NEW YORK, NY 10106

**New Mailing Address:**

111 RIVER STREET  
SUITE 1201  
HOBOKEN, NJ 07030

FEI Number: 20-3275988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CT CORPORATION SYSTEM

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: ISAAC, STEVEN  
Address: 111 RIVER STREET SUITE 1201  
City-St-Zip: HOBOKEN, NJ 07030

Title: CFO  
Name: SMITH, DOUG  
Address: 111 RIVER STREET SUITE 1201  
City-St-Zip: HOBOKEN, NJ 07030

Title: VP  
Name: FORTIN, NATHALIE C  
Address: 111 RIVER STREET SUITE 1201  
City-St-Zip: HOBOKEN, NJ 07030

I hereby 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 all other like empowered.

SIGNATURE: NATHALIE C. FORTIN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

10/04/2010

\_\_\_\_\_  
Date