

**2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 07, 2005  
Secretary of State**

DOCUMENT# 742601

Entity Name: A.M.E. HOUSING AGENCY OF FLORIDA, INC.

**Current Principal Place of Business:**

9050 NORFOLK BLVD.  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

9050 NORFOLK BLVD.  
JACKSONVILLE, FL 32208

**New Mailing Address:**

FEI Number: 59-1846324      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GAINES, REUBEN H  
9050 NORFOLK BLVD.  
JACKSONVILLE, FL 32208      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: REUBEN H. GAINES

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ADAMS, JOHN HURST  
Address: 101 EAST UNION STREET, #301  
City-St-Zip: JACKSONVILLE, FL 32202

Title: VD ( ) Delete  
Name: DESUE, THOMAS B  
Address: 1943 COLLEGE CIRCLE NORTH  
City-St-Zip: JACKSONVILLE, FL 32209

Title: STD ( ) Delete  
Name: BARNES, GEORGE A  
Address: 4991 SOUTEL DRIVE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: AD ( ) Delete  
Name: GAINES, REUBEN H  
Address: 9050 NORFOLK BLVD.  
City-St-Zip: JACKSONVILLE, FL 32208

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: YOUNG, MCKINLEY  
Address: 101 EAST UNION STREET, #301  
City-St-Zip: JACKSONVILLE, FL 32202

Title: VD (X) Change ( ) Addition  
Name: DESUE, THOMAS B  
Address: 101 EAST UNION STREET #301  
City-St-Zip: JACKSONVILLE, FL 32202

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

SIGNATURE: REUBEN H. GAINES

Electronic Signature of Signing Officer or Director

ADMI

10/07/2005

Date