

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILE

2007 NOV 20 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2007 11 20 11:12 AM  
11/20/07--01019--002 \*\*236.25



<b>DOCUMENT # 742601</b> 1. Entity Name A.M.E. HOUSING AGENCY OF FLORIDA, INC.					
Principal Place of Business 9050 NORFOLK BLVD. JACKSONVILLE, FL 32208		Mailing Address 9050 NORFOLK BLVD. JACKSONVILLE, FL 32208			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10112007 REIN-NP CR2E099 (1/07)	
Zip		Country		4. FEI Number 59-1846324	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  GAINES, REUBEN H 9050 NORFOLK BLVD. JACKSONVILLE, FL 32208		7. Name and Address of New Registered Agent Name McKinley Young Street Address (P.O. Box Number is Not Acceptable) 101 E. Union Street Suite 301 City Jacksonville FL Zip Code 32202			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNG, MCKINLEY 101 EAST UNION STREET, #301 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DESUE, THOMAS B 101 EAST UNION STREET #301 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARNES, GEORGE A 4991 SOUTEL DRIVE JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD GAINES, REUBEN H 9050 NORFOLK BLVD. JACKSONVILLE, FL 32208	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

REINSTATEMENT

07

**AMY CHARLES, INC.**

**November 14, 2007**

**Department Of State  
Division of Corporations  
Corporate Filings  
PO Box 6327  
Tallahassee, FL 32314**

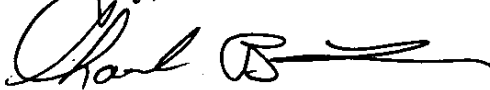
**Re: Reinstatement for AME Housing Agency of Florida, Inc. and  
Edward Waters College Senior Citizens Home, Inc.**

**Dear Sir or Madam,**

**Enclosed are the reinstatement forms and fees for the above entities.**

**We appreciate your help and understanding.**

**Sincerely,**



**Charles B. Turner  
Chairman  
Amy Charles, Inc. Agent**