

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 748492

FILED  
Oct 11, 2006  
Secretary of State

Entity Name: NEW HORIZONS FOR COMMUNITY-BOUND INDIVIDUALS, INC

**Current Principal Place of Business:**

1340 S.E. 9TH AVENUE  
APARTMENT 2  
HIALEAH, FL 33010 US

**New Principal Place of Business:**

**Current Mailing Address:**

1340 S.E. 9TH AVENUE  
APT. 2  
HIALEAH, FL 33010 US

**New Mailing Address:**

FEI Number: 59-1931651      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WOLIS, DAVID A ESQUIRE  
18999 BISCAYNE BLVD  
SUITE 204A  
NORTH MIAMI, FL 33180 US

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

WOLIS, DAVID A ESQUIRE  
1340 S.E. 9TH AVENUE  
APT. 2  
HIALEAH, FL 33010 US

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: DAVID A. WOLIS

10/11/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KATZENSTEIN, DAVID  
Address: 1251 SAWGRASS CORPORATE PKWY  
City-St-Zip: SUNRISE, FL 33323 US

Title: T ( ) Delete  
Name: FOSTER, GORDON  
Address: 7751 SW 131 STREET  
City-St-Zip: MIAMI, FL 33156 US

Title: DC ( ) Delete  
Name: SCHILLINGER, JACK  
Address: 1225 N.E. 93 ST.  
City-St-Zip: MIAMI, FL 33183 US

Title: D ( ) Delete  
Name: ALDAMA, ED  
Address: 1340 S E 9TH AVE  
City-St-Zip: HIALEAH, FL 33010 US

Title: D ( ) Delete  
Name: WOLIS, DAVID  
Address: 19501 E COUNTY CLUB DR 9-505  
City-St-Zip: AVENTURA, FL 33180 US

Title: S ( ) Delete  
Name: SCHILLINGER, MARJORIE  
Address: 1225 NE 93 ST  
City-St-Zip: MIAMI, FL 33183 US

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

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

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

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

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

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 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: DAVID KATZENSTEIN

P

10/11/2006

Electronic Signature of Signing Officer or Director

Date