

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000002507

**FILED**  
**Apr 05, 2007**  
**Secretary of State**

**Entity Name:** HOMELIFE COMMUNITIES OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

323 PINE AVENUE, SUITE 300  
ALBANY, GA 31702

**New Principal Place of Business:**

3137 CHESTNUT DRIVE  
ATLANTA, GA 30340

**Current Mailing Address:**

323 PINE AVENUE, SUITE 300  
ALBANY, GA 31702

**New Mailing Address:**

PO BOX 420367  
ATLANTA, GA 30342

**FEI Number:** 51-0429303

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BYRNE, D. ANDREW  
1358 THOMASWOOD DRIVE  
TALLAHASSEE, FL 32308 US

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

BYRNE, D. ANDREW  
3520 THOMASVILLE RD  
SUITE 200  
TALLAHASSEE, FL 32309 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: D. ANDREW BYRNE

04/05/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CDPV ( ) Delete  
Name: PALMER, BETTY HOPE  
Address: 323 PINE AVENUE, SUITE 300  
City-St-Zip: ALBANY, GA 31702

Title: ST (X) Delete  
Name: PALMER, BETTY HOPE  
Address: 323 PINE AVENUE, SUITE 300  
City-St-Zip: ALBANY, GA 31702

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

Title: CFO (X) Change ( ) Addition  
Name: WALKER, SHARON  
Address: PO BOX 420367  
City-St-Zip: ATLANTA, GA 30342

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

SIGNATURE: SHARON WALKER

CFO

04/05/2007

Electronic Signature of Signing Officer or Director

Date