

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000000335

**FILED**  
**Oct 27, 2011**  
**Secretary of State**

**Entity Name:** HOUSE OF REFUGE OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

6017 ROOSEVELT BLVD #123  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

3593 PALMER AVE  
BRONX, NY 10466

**Current Mailing Address:**

6017 ROOSEVELT BLVD #123  
JACKSONVILLE, FL 32244

**New Mailing Address:**

P.O. BOX 128165  
ST. ALBANS, NY 11412

FEI Number: 37-1454426

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALKER, VILMA  
6017 ROOSEVELT BLVD #123  
JACKSONVILLE, FL 32244 US

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

WALKER, VILMA  
12034 N.W. 13TH STREET  
PEMBROKE PINES, FL 33020 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: VILMA WALKER

10/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WALKER, VILMA M SR.  
Address: 3593 PALMER AVE  
City-St-Zip: BRONX, NY 10466

Title: VD  
Name: SOARES, NATALIE N JR  
Address: 3593 PALMER AVE  
City-St-Zip: BRONX, NY 10466

Title: STD  
Name: SOARES, CHRISTOPHER L JR.  
Address: 3593 PALMER AVE  
City-St-Zip: BRONX, NY 10466

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

SIGNATURE: VILMA M WALKER

PD

10/27/2011

Electronic Signature of Signing Officer or Director

Date