

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N46738

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Entity Name:** ALPHA OMEGA MIRACLE HOME, INC.

**Current Principal Place of Business:**

110 PARK AVE  
HASTINGS, FL 32145 US

**New Principal Place of Business:**

1845 OLD MOULTRIE ROAD  
ST. AUGUSTINE, FL 32084 US

**Current Mailing Address:**

1835 US 1 SOUTH  
STE 119-235  
SAINT AUGUSTINE, FL 32084 US

**New Mailing Address:**

**FEI Number:** 65-0318958      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

FRANKLIN, LISA  
317 ORCHIS ROAD  
SAINT AUGUSTINE, FL 32086 US

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

FRANKLIN, LISA C  
317 ORCHIS ROAD  
SAINT AUGUSTINE, FL 32086 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: LISA C FRANKLIN

10/04/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: BORDLEY, ALLIE  
Address: 835 WILDWOOD DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: P  
Name: FRANKLIN, LISA C  
Address: 317 ORCHIS ROAD  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T,S  
Name: DRAINER, MONA  
Address: 5172 FARM CREEK ROAD  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D  
Name: PACETTI, CHRISTOPHER  
Address: 330 ST. GEORGE AVENUE  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D  
Name: MURPHY, CLAYTON  
Address: 3553 KINGS RAOD  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D  
Name: GLISSON, EARL  
Address: 619 SEGOVIA ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32086

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: LISA C FRANKLIN

PRES

10/04/2010

Electronic Signature of Signing Officer or Director

Date