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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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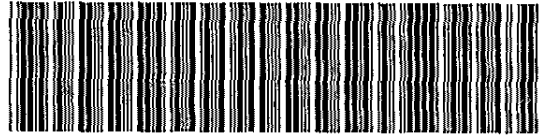
(Business Entity Name)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Housing Opportunities for Growth Advancement and Revitalization, Inc.
(Name of Corporation - must include suffix) (HOGAR. Inc.)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Edna I. Rivera

(Name of Person)

Housing Opportunities for Growth Advancement and Revitalization, Inc.

(Firm/Company) (HOGAR, Inc.)

PO Box 577 49 West Broad Street, Suite # 3

(Address)

Haverstraw, Ny 10927

(City/State and Zip Code)

For further information concerning this matter, please call:

Edna I. Rivera

(Name of Person)

at (914) 837-7618

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Housing Opportunities for Growth Advancement and Revitalization, Inc. (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. New York (State or country under the law of which it is incorporated) 3. 13 - 3702735 (FEI number, if applicable)

4. December 16, 1993 (Date of Incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. N/A (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. PO Box 577 49 W. Broad St., Haverstraw, NY 10927 (Principal office address)

PO Box 577, 49 W. Broad St., Haverstraw, NY 10977 (Current mailing address)

8. Housing Agency (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Edna I. Rivera

Office Address: 923 Dell Prado Blvd.

Cape Coral, Florida 33990-3627 (City) (Zip Code)

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10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Edna Rivera (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Irene M. Saccende

Address: 11 Windmill Lane
New City, NY 10954

Vice Chairman: _____

Address: _____

Director: Edna I. Rivera

Address: 12 Riverside Ave
Haverstraw, Ny 10927

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: Renaud Bleecker

Address: 44 Broad Street Haverstraw, NY 10927

Treasurer: Joan M. Silvestri

Address: 3 Dunningan Drive Pomona, Ny 10970

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SECRETARY OF STATE
WILLIAM HASSSEL, FLD/PA

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Edna Rivera*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Edna I. Rivera, Executive Director
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } **ss:**

I hereby certify, that the Certificate of Incorporation of HOUSING OPPORTUNITIES FOR GROWTH, ADVANCEMENT AND REVITALIZATION, INC. was filed on 12/16/1993, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 12th day of February two
thousand and seven.*

Special Deputy Secretary of State