

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000083988

FILED
May 28, 2009
Secretary of State

Entity Name: FAMILY HOMES OF AMERICA, LLC.

Current Principal Place of Business:

4000 PONCE DE LEON BLVD.
SUITE #470
CORAL GABLES, FL 33134 US

Current Mailing Address:

POST OFFICE BOX
#14-3971
CORAL GABLES, FL 33114 US

New Principal Place of Business:

8051 WEST 24TH AVENUE
SUITE# 8
HIALEAH, FL 33016 US

New Mailing Address:

8051 WEST 24TH AVENUE
SUITE# 8
HIALEAH, FL 33016 US

FEI Number: 26-0722144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PINA-BRITO, MERCY B P.A.
3211 PONCE DE LEON BLVD.
SUITE #200
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PINA-BRITO, MERCY B P.A.
9950 SW 107TH AVENUE
SUITE# 204
MIAMI, FL 33176 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: MERCY B. PINA-BRITO

05/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PINO, JOSE M
Address: 4000 PONCE DE LEON BLVD. STE 470
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PINO, JOSE M
Address: 8051 WEST 24TH AVENUE, SUITE#8
City-St-Zip: HIALEAH, FL 33016 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSE M. PINO

MGRM

05/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date