2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000006690

FILED May 04, 2007 Secretary of State

Entity Name: FROM OUR HOME TO YOUR HOME, INC.

Current Principal Place of Business: New Principal Place of Business:

1400 TALLWOOD AVENUE SUITE 205 HOLLYWOOD, FL 33021

Current Mailing Address: New Mailing Address:

1400 HOLLYWOOD AVENUE P.O.BOX 814479

SUITE 205 HOLLYWOOD, FL 330814479 US HOLLYWOOD, FL 33021

FEI Number: 65-1040653 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ARCHBOLD, BARBARA

1400 TALLWOOD AVENUE

SUITE 205

HOLLYWOOD, FL 33021 US

ARCHBOLD, BARBARA

1400 TALLWOOD AVENUE

APT # 205

HOLLYWOOD, FL 33021 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: BARBARA ARCHBOLD 05/04/2007

Electronic Signature of Registered Agent Date

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

Title: PD () Delete Title: () Change () Addition

 Name:
 ARCHBOLD, BARBARA
 Name:

 Address:
 1400 TALLWOOD AVE, #205
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33021
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 RIVERA, RALPH
 Name:

 Address:
 1201 HILLCREST CT SOUTH
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33021
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 RONNAN, ELIZABETH
 Name:

 Address:
 5932 LINCOLN ST
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33021
 City-St-Zip:

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 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 an address, with all other like empowered.

SIGNATURE: BARBARA ARCHBOLD PRES 05/04/2007