2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SIGNATURE AND TYPED OR PRINTED NA

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # N01000000388 NEW GENERATION HUMAN SERVICES, INC. 06 MAR 15 AM 9: 56 Mailing Address Principal Place of Business REMSTATEMENT 05-06 85 NE 213TH STREET 85 NE 213TH STREET MIAMI, FL 33179 MIAMI, FL 33179 2. Principal Place of Business 3. Mailing Address 5384 S.W 01192006 REIN-NP Suite, Apt. #, etc. CR2E099 (11/05) 4. FEI Number 65-1075907 City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMAS, RANZER A SR, REV 85 NE 213TH STREET MIAMI, FL 33179 33027 City Mama 8. 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. I am familiar with, and accept the obligations of registered agent. Feb. 11,06 FILE NOW!!! FEE IS \$297.50 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE THOMAS, RANZER A SR REV NAME NAME 5384 S.W. 15 Miramar, Fl 85 NE 213TH STREET STREET ADDRESS STREET ADDRESS MIAMI, FL 33179 CITY-ST-ZIP CITY-ST-ZIP VD TITLE ☐ Delete Joseph, Yashyawa 85 N. E. 213" STV. HARP, YASHYAWA NAME NAME STREET ADDRESS 21355 NW 9TH COURT STREET ADDRESS Miami, 71 33179 CITY-ST-ZIP MIAMI, FL 33169 CITY-ST-ZIP ☐ Delete TITLE TITLE SMITH, EMMANUEL NAME NAME 400068560884 STREET ADDRESS 14795 NE 18TH AVE, APT #115 STREET ADDRESS 03/24/06--01006--027 **297.50 CITY-ST-ZIP NORTH MIAMI, FL 33181 CITY-ST-ZIP Thomas, Rhonda M De 5384 3. W. 159 MAUK ☐ Defete THOMAS, RHONDA M MALE NAME 85 NE 213TH STREET STREET ADDRESS STREET ADDRESS Miramar, Fl 33027 CUTY-ST-ZIP MIAMI, FL 33179 CITY+ST-ZIP ☐ Change ☐ Delete ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Detete TILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: 2