

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000004271

FILED
Oct 17, 2005
Secretary of State

Entity Name: TRUCKERS LOVE CHILDREN AND HOMELESS, INC.

Current Principal Place of Business:

9430 S.W. 8TH ST
5
BOCA RATON, FL 33428

New Principal Place of Business:

101 S.W 4TH AVE
HALLANDALE BEACH, FL 33009

Current Mailing Address:

33 S.E. 1ST AVE., STE. 101
DELRAY BEACH, FL 33444

New Mailing Address:

101 S.W 4TH AVE
HALLANDALE BEACH, FL 33009

FEI Number: 65-1106720 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CLUNIS, CLAUDIA K
33 S.E. 1ST AVE.
STE. 101
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

CLUNIS, CLAUDIA K
101 S.W 4TH AVE
HALLANDALE BEACH, FL 33009 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: CLAUDIA K. CLUNIS

10/17/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLUNIS, CLAUDIA K
Address: 101 S.W. 4TH AVE.
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: SD () Delete
Name: LEMAR, KEVIN
Address: 713 NW 9TH ST
City-St-Zip: HALLANDALE, FL 33009

Title: TD () Delete
Name: UKEJE, UCHE
Address: 2540 BROOKESHIRE CIRCLE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D () Delete
Name: FRAMTE, ARTHUR
Address: 313 SW 1ST ST.
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VD () Delete
Name: RICHARDSON, GLORIA
Address: 33 S.E. 1ST AVE., STE. 101
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CLAUDIA K. CLUNIS

PD

10/17/2005

Electronic Signature of Signing Officer or Director

Date