## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N01000004332

Entity Name: POSITIVE HABITAT ASPIRING TEENS, INC.

FILED Sep 16, 2005 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
	ROAD NORTH M BEACH, FL	33415	US					
Current Mailing Address:					New Mailing Address:			
	OAD NORTH M BEACH, FL	33415	US					
FEI Number:	65-1125122	FEI Numb	er Applied For()	FEI Num	nber Not Appli	cable ( )	Certificate of Sta	atus Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
5206 4TH Ŕ	VALERIE D ROAD NORTH M BEACH, FL	33415	US					
The above in the State		ıbmits thi	s statement for the pu	rpose of	changing its	s registered	office or registere	ed agent, or both,
SIGNATUR	E: VALERIE J	ACKSON	J					
Electronic Signature of Registered Agent							Date	_
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	C/D () E STAFFICO, DEJA 5501 PICCACLE WEST PALM BEA	LANE	3415 US		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	on
Title: Name: Address: City-St-Zip:	T/D () E BENNETT, RICHA 6801 NW 15TH A MIAMI, FL 33147	VENUE			Title: Name: Address: City-St-Zip:	RIDGEWAY, 5446 OAKBR	X) Change ( ) Additi EMANUAL MR. ANCH DRIVE H, FL 33463 US	on
Title: Name: Address: City-St-Zip:	D ()E LOWE, DIANA 6162 MULLIN ST JUPITER, FL 334				Title: Name: Address: City-St-Zip:	SHEPPARD, 3736 TORRE	X) Change ( ) Additi SHILONDRA MRS. S BEACH, FL 33409 U	
Title: Name: Address: City-St-Zip:	S/D () E NIXON, MARISA 15390 80TH LAN LOXAHATCHEE,		us		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	on
Title: Name: Address: City-St-Zip:	()[	)elete			Title: Name: Address: City-St-Zip:	HARPER, JAN 2620 AUSTRA	) Change (X) Additi MES H MR. ALIAN AVENUE #106 BEACH, FL 33407 U	
Title: Name: Address: City-St-Zip:	()[	)elete			Title: Name: Address: City-St-Zip:	MCKINON, DO	) Change (X) Additi DROTHY MRS. MANGONIA DRIVE BEACH, FL 33401 U	

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: DEJARBAS STAFFICO C/D 09/16/2005