

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000004407

Entity Name: SOLOMON'S HOUSE INC.

FILED  
Apr 11, 2006  
Secretary of State

## Current Principal Place of Business:

1801 7TH AVE. EAST  
BRADENTON, FL 34208

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 207  
TALLEVAST, FL 34270

## New Mailing Address:

FEI Number: 65-1116293      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:

## Name and Address of New Registered Agent:

WEEKS, BETTY  
1817 7TH AVE. EAST  
BRADENTON, FL 34208      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: BETTY WEEKS

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: WEEKS, JIMMIE  
Address: 1817 7TH AVE. EAST  
City-St-Zip: BRADENTON, FL 34208

Title: D      ( ) Delete  
Name: MCCORMICK, MARY  
Address: 2618 24TH ST.  
City-St-Zip: SARASOTA, FL 34234

Title: D      ( ) Delete  
Name: WILSON, TRESSIA  
Address: 4813 PACER LN.  
City-St-Zip: COLORADO SPRINGS, CO 80917

Title: D      ( ) Delete  
Name: BATTIE, BARBARA  
Address: 1201 20TH ST.  
City-St-Zip: BRADENTON, FL 34208

Title: S      ( ) Delete  
Name: BUTLER, ANGELA  
Address: 1521 31ST STREET  
City-St-Zip: SARASOTA, FL 34234

Title: T      ( ) Delete  
Name: COLLINS, VORONDO  
Address: 2505 13TH ST. WEST  
City-St-Zip: BRADENTON, FL 34205

## 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:

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 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: JIMMIE WEEKS

PD

04/11/2006

Electronic Signature of Signing Officer or Director

Date