## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N02000008647

Entity Name: HUMAN COMMUNITY SERVICES, INC.

FILED Mar 08, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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175 NW 128 STRET 10331 SW 142 CT N.MIAMI, FL 33168 MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

 175 N.W 128 STREET
 10331 SW 142 CT

 N.MIAMI, FL 33168
 MIAMI, FL 33186

FEI Number: 02-0651459 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:

DAMAS, HUGO
175 NW 128 STREET
N.MIAMI, FL 33168 US

DAMAS, HUGO
10331 SW 142 CT
MIAMI, FL 33186 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: HUGO DAMAS 03/08/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: DAMAS, HUGO Name: DAMAS, HUGO

Address: 175 NW 128 STREET Address: 10331 SW 142 CT
City-St-Zip: N.MIAMI, FL 33168 City-St-Zip: MIAMI, FL 33186

Title: SD ( ) Delete Title: ( ) Change ( ) Addition Name: JOSEPH, FRANCE M Name:

 Name:
 JOSEPH, FRANCE M
 Name:

 Address:
 9645 SW 1CT
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33024
 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition BASTIEN, ADELINE Name: DAMAS, ALEXANDER N Name: 1051 NE 140 STREET 6009 ROYAL BIRK DALE DRIVE Address: Address: City-St-Zip: MIAMI, FL 33161 City-St-Zip: LAKEWORTH, FL 33463

Title: AD () Delete Title: AD (X) Change () Addition Name: LEVEILLE, SUZETTE Name: MONTES, LAURY S

Address: 175 NW 128 ST Address: 7655 SW 155 PLACE APT 73

City-St-Zip: N MIAMI, FL 33168 City-St-Zip: MIAMI, FL 33193

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: HUGO DAMAS PRES 03/08/2008