2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000000298

Entity Name: MINORITY COMMUNITY SERVICES, INC.

FILED Feb 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1952 W MARTIN LUTHER KING DR 6802 N ARMENIA AVE TAMPA, FL 33607 SUITE: B

TAMPA, FL 33604

Current Mailing Address: New Mailing Address:

1952 W MARTIN LUTHER KING DR 6802 N ARMENIA AVE TAMPA, FL 33607 TAMPA, FL 33604

FEI Number: 20-0613818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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:

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST.

4TH FLOOR

MIAMI, FL 33145 US

TORRES, OSCAR PSD
6802 N ARMENIA AVE
B
TAMPA, FL 33604 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: OSCAR TORRES 02/23/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: PSTD (X) Change () Addition

 Name:
 TORRES, OSCAR
 Name:
 TORRES, OSCAR

 Address:
 1952 W MARTIN LUTHER KING DR
 Address:
 6802 N ARMENIA AVE

 City-St-Zip:
 TAMPA, FL 33607
 City-St-Zip:
 TAMPA, FL 33604

Title: D (X) Delete Title: () Change () Addition

 Name:
 LUIS, IRENO
 Name:

 Address:
 1952 W MARTIN LUTHER KING DR
 Address:

 City-St-Zip:
 TAMPA, FL 33607
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 LUIS, LUIS M
 Name:
 LUIS, LUIS M

 Address:
 1952 W MARTIN LUTHER KING DR
 Address:
 6802 N ARMENIA AVE

 City-St-Zip:
 TAMPA, FL 33607
 City-St-Zip:
 TAMPA, FL 33604

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: OSCAR TORRES PDT 02/23/2007