2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jul 25, 2009
Secretary of State

DOCUMENT# N04000000391

Entity Name: CLEVELAND HOUSE OF RIVIERA BEACH INC

Current Principal Place of Business:

1349 W. 33RD STREET
RIVIERA BEACH, FL 33404

New Principal Place of Business:

125 OLD DIXIE HWY
RIVIERA BEACH, FL 33404

Current Mailing Address:

P. O. BOX 9327
RIVIERA BEACH, FL 33419

New Mailing Address:

FEI Number: 42-1511716 **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:

BROWN WELLONS, MONIQUE D
809 W. 4TH STREET
RIVIERA BEACH, FL 33404 US

Name and Address of New Registered Agent:

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: MONIQUE D BROWN WELLONS
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BROWN WELLONS, MONIQUE D
Address: 809 W. 4TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: VPD ( ) Delete
Name: CLARKE, PECOLA
Address: 1349 W 33RD STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: MORRIS, PATRICK N
Address: 2201 SEASIDE DR
City-St-Zip: GREENACRES, FL 33463

Title: VCD (X) Change ( ) Addition
Name: MORRIS, CHARLOTTE D
Address: 2201 SEASIDE DR
City-St-Zip: GREENACRES, FL 33463

Title: TD ( ) Change (X) Addition
Name: WELLONS-BROWN, MONIQUE D
Address: 809 WEST 4TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: SD ( ) Change (X) Addition
Name: DUPREE, MICHAEL
Address: 1551 W 13TH STREET
City-St-Zip: RIVIERA BEACH, FL 33404

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: MORRIS PATRICK N CD 07/25/2009
Electronic Signature of Signing Officer or Director — Date