

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 29 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11292006 REIN-NP CR2E099 (11/05)

DOCUMENT # N04000008773 1. Entity Name LEE ROBERTS HOUSE, INC.					
Principal Place of Business 7481 NW 33RD ST., APT. 23 HOLLYWOOD, FL 33024			Mailing Address 7481 NW 33RD ST., APT. 23 HOLLYWOOD, FL 33024		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBERTS, CECILY 7481 NW 33RD ST., APT. 23 HOLLYWOOD, FL 33024				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE		 Signature, typed or printed name of registered agent and title if applicable.		DATE 12/26/06	
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, CECILY 7481 NW 33RD ST., APT. 23 HOLLYWOOD, FL 33024		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKE-NUBIN, LILLIAN 404 A. OAK ST. THOMASTON, GA 30286		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL, DEMETRIUS 2720 NW 58TH TERR. LAUDERHILL, FL 33313		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASE, LEACH 2278 MOTT AVE. FAR ROCKAWAY, NY 11691		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with another fee empowered.			SIGNATURE:		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 12/26/06 Daytime Phone #		

7C 01/02