

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000009019

FILED
Jan 05, 2007
Secretary of State

Entity Name: FAITH HOUSING COUNSELING AGENCY, INC.

Current Principal Place of Business:

18245 N.W. 2ND AVE.
STE. 400
MIAMI GARDENS, FL 33169

New Principal Place of Business:

18425 N.W. 2ND AVE.
STE. 400
MIAMI GARDENS, FL 33169

Current Mailing Address:

18245 N.W. 2ND AVE.
STE. 400
MIAMI GARDENS, FL 33169

New Mailing Address:

937 NW 206 TERR.
MIAMI GARDENS, FL 33169

FEI Number: 20-1615552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASSEUS, MONIQUE
18245 N.W. 2ND AVE.
STE. 400
MIAMI GARDENS, FL 33169 US

Name and Address of New Registered Agent:

CASSEUS, MONIQUE
18425 N.W. 2ND AVE.
STE. 400
MIAMI GARDENS, FL 33169 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: MONIQUE CASSEUS

01/05/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASSEUS, MONIQUE
Address: P.O. BOX 693356
City-St-Zip: MIAMI, FL 332693356

Title: VPD () Delete
Name: ALEXANDRE, MARC
Address: 845 N.W. 206TH ST.
City-St-Zip: MIAMI GARDENS, FL 33169

Title: SD () Delete
Name: DEFILE, FRANDLEY
Address: 1020 N.E. 152ND TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CASSEUS, MONIQUE
Address: 937 NW 206 TERR
City-St-Zip: MIAMI GARDENS, FL 33169

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: MONIQUE CASSEUS

PD

01/05/2007

Electronic Signature of Signing Officer or Director

Date