

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000000903

FILED  
Nov 02, 2006  
Secretary of State

**Entity Name:** HOMELESS RECOVERY CONSTRUCTION, INC.

**Current Principal Place of Business:**

6111 TALLION CIRCLE  
TAMPA, FL 33617

**New Principal Place of Business:**

3311 33TH AVE  
TAMPA, FL 33607 US

**Current Mailing Address:**

6111 TALLION CIRCLE  
TAMPA, FL 33617

**New Mailing Address:**

8709 TANTILLON CIRCLE  
TAMPA, FL 33647

**FEI Number:** 76-0778250 **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:**

JOHNSTON, LEKILL  
5518 TERRACE COURT  
TAMPA, FL 33617 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: MINCY LANE-FOSTER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JOHNSTON, LEKILL  
Address: 5518 TERRACE COURT  
City-St-Zip: TAMPA, FL 33617

Title: D ( ) Delete  
Name: LANE, MINCY  
Address: 2530 NW 199TH STREET  
City-St-Zip: MIAMI, FL 33180

Title: D ( ) Delete  
Name: MAXIME, JESSICA  
Address: 6819 FOUNTAIN AVE.  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MINCY LANE-FOSTER

MS.

11/02/2006

Electronic Signature of Signing Officer or Director

Date