

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000000903

FILED
May 05, 2008
Secretary of State

Entity Name: HOMELESS RECOVERY CONSTRUCTION, INC.

Current Principal Place of Business:

3311 33TH AVE
TAMPA, FL 33607 US

New Principal Place of Business:

6819 FOUNTAIN AVE
TAMPA, FL 33614 US

Current Mailing Address:

8709 TANTILLON CIRCLE
TAMPA, FL 33647

New Mailing Address:

PO BOX 22904
TAMPA, FL 33522

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:

LANE FOSTER, MINCY
311 WEST ROSS AVE
TAMPA, FL 33602 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: MINCY LANE FOSTER

05/05/2008

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: D (X) Change () Addition
Name: LANE FOSTER, MINCY
Address: 2530 NW 199TH STREET
City-St-Zip: MIAMI, FL 33180

Title: D (X) Change () Addition
Name: MAXIME, JESSICA
Address: 311 PEACHTREE STREET
City-St-Zip: ATLANTA, GA 30308

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: MINCY LANE FOSTER

MLF

05/05/2008

Electronic Signature of Signing Officer or Director

Date