## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000007693

FILED Jaņ 16, 2<u>00</u>9 Secretary of State

Entity Name: SUNCOAST MANOR GROUP HOME INC. **Current Principal Place of Business: New Principal Place of Business:** 2502 SW SALZEDO AVENUE PORT SAINT LUCIE, FL 34987 US **Current Mailing Address: New Mailing Address:** 2502 SW SALZEDO AVENUE PORT SAINT LUCIE, FL 34987 US FEI Number: 75-3197433 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: MANON, ELIZABETH 2502 SW SALZEDO AVENUE PORT SAINT LUCIE, FL 34987 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: ELIZABETH MANON Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Change () Addition () Delete MANON, ELIZABETH Name: Name: 2502 SW SALZEDO AVENUE Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34987 US City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: MANON, ERLAND Name: Address: 2502 SW SALZEDO AVENUE Address: City-St-Zip: PORT SAINT LUCIE, FL 34987 US City-St-Zip: Title: TREA (X) Delete Title: () Change () Addition ARAUJO, MILEDYS Name: Name: 2608 SW FAIR ISLE ROAD Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34987 US City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: FAIRWEATHER, SILVIA Name: Address: 491 IVES DAIRY RD APT E103 Address: City-St-Zip: MIAMI, FL 33179 City-St-Zip:

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: ELIZABETH MANON **PRES** 01/16/2009