

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000011512

FILED
Dec 01, 2008
Secretary of State

Entity Name: FORECLOSURE HELP CENTER INC.

Current Principal Place of Business:

8359 BEACON BLVD
601
FT. MYERS, FL 33907

New Principal Place of Business:

8359 BEACON BLVD
119
FT. MYERS, FL 33907

Current Mailing Address:

8359 BEACON BLVD
601
FT. MYERS, FL 33907

New Mailing Address:

8359 BEACON BLVD
119
FT. MYERS, FL 33907

FEI Number: 20-4904678 **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:

ROMERO, MANNY
8359 BEACON BLVD
601
FORT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

ROMERO, MANNY
8359 BEACON BLVD
119
FORT. MYERS, FL 33907 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: MANNY ROMERO

12/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROMERO, MANNY
Address: 8359 BEACON BLVD #601
City-St-Zip: FORT. MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROMERO, MANNY
Address: 8359 BEACON BLVD #119
City-St-Zip: FORT. MYERS, FL 33907

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: MANNY ROMERO

PD

12/01/2008

Electronic Signature of Signing Officer or Director

Date