# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 08, 2007**
**Secretary of State**

DOCUMENT# N05000012382

**Entity Name:** BREAKTHROUGHS GROUP HOMES, INC.

**Current Principal Place of Business:**

6635 N.W. 40TH DRIVE
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

6635 N.W. 40TH DRIVE
GAINESVILLE, FL 32653

**New Mailing Address:**

**FEI Number: 20-4379823** **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:**

WOODS, ULYSSES
6635 N.W. 40TH DRIVE
GAINESVILLE, FL 32653 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: ULYSSES WOODS
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete
Name: WOODS, CAROLYN
Address: 6635 N.W. 40TH DRIVE
City-St-Zip: GAINESVILLE, FL 32653

Title: D ( ) Delete
Name: WOODS, ULYSSES
Address: 6635 N.W. 40TH DRIVE
City-St-Zip: GAINESVILLE, FL 32653

Title: T ( ) Delete
Name: WOODS, DIANE
Address: 3458 COLONNADE DR
City-St-Zip: TALLAHASSEE, FL 32309

**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 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: CAROLYN WOODS PRES 10/08/2007
Electronic Signature of Signing Officer or Director — Date