

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000001180

FILED
Oct 08, 2007
Secretary of State

Entity Name: NEW WORLD ADULT FAMILY CARE HOME, INC.

Current Principal Place of Business:

6306 KELVIN COURT
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

6306 KELVIN COURT
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: 20-4289018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENITEZ, LINDA P
6306 KELVIN COURT
SPRING HILL, FL 34606 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: LINDA PHELPS BENITEZ

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BENITEZ, LINDA P
Address: 6306 KELVIN COURT
City-St-Zip: SPRING HILL, FL 34606

Title: VP () Delete
Name: BENITEZ, PEDRO A
Address: 6306 KELVIN COURT
City-St-Zip: SPRING HILL, FL 34606

Title: SEC () Delete
Name: BENITEZ, LINDA P
Address: 6306 KELVIN COURT
City-St-Zip: SPRING HILL, FL 34606

Title: TREA () Delete
Name: BENITEZ, LINDA P
Address: 6306 KELVIN COURT
City-St-Zip: SPRING HILL, FL 34606

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:

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: PEDRO A. BENITEZ

VP

10/08/2007

Electronic Signature of Signing Officer or Director

Date