2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000008398

FILED Oct 12, 2009 Secretary of State

Entity Name: CFL HOUSING CORP. **Current Principal Place of Business: New Principal Place of Business:** 2040 HWY A1A SUITE 203 INDIAN HARBOUR BEACH, FL 32937 **Current Mailing Address: New Mailing Address:** 2040 HWY A1A SUITE 203 INDIAN HARBOUR BEACH, FL 32937 FEI Number: 11-3822012 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: Name and Address of New Registered Agent: LANGLOIS, JOSEPH R HERREN, JOSEPH S 2040 HWY A1A SUITE 203 2040 HWY A1A INDIAN HARBOUR BEACH, FL 32937 #203 US INDIAN HARBOUR BEACH, FL 32937 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: JOSEPH S HERREN 10/12/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PED () Delete (X) Change () Addition LANGLOIS, JOSEPH R LANGLOIS, JOSEPH R Name: Name: 420 WINCHESTER ROAD Address: 420 WINCHESTER ROAD Address: City-St-Zip: SATELLITE BEACHBEACH, FL 32937 City-St-Zip: SATELLITE BEACHBEACH, FL 32937 Title: DT Title: () Delete () Change () Addition REED, RHONDA K Name: Name: Address: PO BOX 372425 Address: City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: Title: DS () Delete Title: () Change () Addition ADKINS, DON Name: Name: Address: 3210 PEROUTKA LANE Address: City-St-Zip: COCOA, FL 32937 City-St-Zip: Title: () Delete Title: () Change (X) Addition MCDONALD, RONALD Name: Name: 2040 HWY A1A # 203 Address: Address: City-St-Zip: City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 Title: () Delete Title: () Change (X) Addition CURRIN, CAROL Name: Name: 2040 HWY A1A, #203 Address: Address: INDIAN HARBOUR BEACH, FL 32937 City-St-Zip: 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: JOSEPH S. HERREN D 10/12/2009