

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000007370

FILED
Oct 13, 2009
Secretary of State

Entity Name: SOUTHEAST JHA USER GROUP, INC.

Current Principal Place of Business:

C/O WILLIAM USCATEGUI
704 WASHINGTON AVENUE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

C/O WILLIAM USCATEGUI
704 WASHINGTON AVENUE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 20-3292870 **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:

USCATEGUI, WILLIAM
704 WASHINGTON AVENUE
HOMESTEAD, FL 33030 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: WILLIAM J USCATEGUI

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROMAGNOLO, ALFRED J
Address: PO BOX 1777
City-St-Zip: HERNANDO, FL 344421777

Title: D () Delete
Name: LOWMAN, RITA
Address: 4830 WEST KENNEDY BLVD., STE #200
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: BROOME, TIFFANY
Address: PO BOX 620729
City-St-Zip: OVIEDO, FL 32762

Title: D () Delete
Name: USCATEGUI, WILLIAM
Address: 704 WASHINGTON AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: EICHER, PETER
Address: ONE TAMPA CITY CENTER, STE #100
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: SANCHEZ, IVAN
Address: 169 MIRACLE MILE, R-10
City-St-Zip: CORAL GABLES, FL 33134

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:

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: WILLIAM J USCATEGUI

RA

10/13/2009

Electronic Signature of Signing Officer or Director

Date