2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000009117

DIAZ, YESENIÁ

ORLANDO, FL 32811

5459 VINELAND ROAD, APT. 4208

Name:

Address:

City-St-Zip:

FILED Oct 01, 2009 Secretary of State

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Entity Na	me: HOME FOR THE NATIONS, INC.			
Current B	Principal Place of Pugineses	New Principal F	Place of Business:	
Current Principal Place of Business:		New Fillicipal F	riace of Busiliess.	
	EGARD ROAD D, FL 32809			
Current Mailing Address:		New Mailing Ad	New Mailing Address:	
	EGARD ROAD D, FL 32809			
	:: 26-3392929 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did	FEI Number Not Applicable not receive the prior notice.	() Certificate of Status Desired (X)	
	d Address of Current Registered Agent:		ess of New Registered Agent:	
1438 ROY	NELSON F 'AL SAINT GEORGE DR. D, FL 32828 US			
The above in the Stat	e named entity submits this statement for the e of Florida.	e purpose of changing its reg	istered office or registered agent, or both,	
SIGNATU	RE: NELSON F. COLON			
	Electronic Signature of Registered A	gent	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete DIAZ, JOVANY 1916 37TH STREET ORLANDO, FL 32839	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete COLON, NELSON F 1438 ROYAL SAINT GEORGE DRIVE ORLANDO, FL 32828	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete MARTINEZ, RAFAELA 5437 LIMELIGHT CIRCLE, APT. 5 ORLANDO, FL 32839	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOVANY DIAZ P 10/01/2009