

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000010997

**FILED**  
**Oct 09, 2009**  
**Secretary of State**

**Entity Name:** SERENITY HOLISTIC RESIDENTIAL CARE, CORPORATION

**Current Principal Place of Business:**

1515 NE 22ND AVE.  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

1515 NE 22ND AVE.  
OCALA, FL 34470

**New Mailing Address:**

**FEI Number:** 80-0302657      **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:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

TINA ALBRITTON  
1515 NE 22ND AVE  
OCALA, FL 34470 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: TINA ALBRITTON

10/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: ALBRITTON, TINA  
Address: 1515 NE 22ND AVE.  
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete  
Name: ROGERS, VALARIE  
Address: 1515 NE 22ND AVE.  
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete  
Name: ROGERS, NAOMI  
Address: 1515 NE 22ND AVE.  
City-St-Zip: OCALA, FL 34470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ALBRITTON, CHRISTOPHER  
Address: 1515 NE 22ND AVE.  
City-St-Zip: OCALA, FL 34470

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: TINA ALBRITTON

PSD

10/09/2009

Electronic Signature of Signing Officer or Director

Date