

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N09000009669

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** HOMELESS VETERANS OF AMERICA, INC

**Current Principal Place of Business:**

1541 BRICKELL AVE., #708  
MIAMI, FL 33129

**New Principal Place of Business:**

1541 BRICKELL AVE.  
708  
MIAMI, FL 33129

**Current Mailing Address:**

1541 BRICKELL AVE., #708  
MIAMI, FL 33129

**New Mailing Address:**

1541 BRICKELL AVE.  
708  
MIAMI, FL 33129

**FEI Number:** 80-0493881

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STORMS, DERRICK R  
3250 WEST TRADE AVE  
13  
MIAMI, FL 33133 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:** DERRICK STORMS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** STORMS, DERRICK R  
**Address:** 3250 WEST TRAE AVE  
**City-St-Zip:** MIAMI, FL 33133

**Title:** VP  
**Name:** BATLLE, ADRIAN M  
**Address:** 1541 BRICKELL AVE, #708  
**City-St-Zip:** MIAMI, FL 33129

I hereby 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 all other like empowered.

**SIGNATURE:** DERRICK STORMS

P

03/31/2011

Electronic Signature of Signing Officer or Director

Date