

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N11000011816

**FILED**  
**Nov 29, 2013**  
**Secretary of State**

**Entity Name:** FIRST HOME COUNSELING SERVICES, INC

**Current Principal Place of Business:**

2713 NW 200 TERR  
MIAMI GARDENS, FL 33056

**New Principal Place of Business:**

2713 NW 200 TERR  
MIAMI GARDENS, FL 33056 UN

**Current Mailing Address:**

2713 NW 200 TERR  
MIAMI GARDENS, FL 33056

**New Mailing Address:**

**FEI Number:** 45-4154023      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FELIPE-WRIGHT, LINO  
2713 NW 200 TERR  
MIAMI GARDENS, FL 33056 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:** LINO FELIPE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** FELIPE-WRIGHT, LINO  
**Address:** 2713 NW 200 TERR  
**City-St-Zip:** MIAMI GARDENS, FL 33056

**Title:** D  
**Name:** LINTON, ANDREW  
**Address:** 2713 NW 200 TERR  
**City-St-Zip:** MIAMI GARDENS, FL 33056

**Title:** D  
**Name:** NORRIS, MYCHEAUX  
**Address:** 2713 NW 200 TERR  
**City-St-Zip:** MIAMI GARDENS, FL 33056

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:** LINO FELIPE

D

11/29/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date