

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N12533

FILED
Jul 23, 2008
Secretary of State

Entity Name: PHOENIX HOUSING FOUNDATION, INC.

Current Principal Place of Business:

6025 N.W. 6TH CT.
MIAMI, FL 33127

New Principal Place of Business:

1170 SUNSET STRIP
FT. LAUDERDALE, FL 33313

Current Mailing Address:

C/O ARNALDO VELEZ, P.A.
CORAL GABLES, FL 33134

New Mailing Address:

1170 SUNSET STRIP
FT. LAUDERDALE, FL 33313

FEI Number: 59-2709344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARNALDO VELEZ, P.A.
35 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

BROWN, HENRY
230 NE 24TH STREET
WILTON MANORS, FL 33305 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: HENRY BROWN

07/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCOTT, CALVIN
Address: C/O ARNLDO VELEZ, P.A.
City-St-Zip: CORAL GABLES, FL 33134

Title: P/D () Delete
Name: NUNEZ, RAFAEL
Address: C/O ARNALDO VELEZ, P.A.
City-St-Zip: CORAL GABLES, FL 33134

Title: S/D () Delete
Name: NUNEZ, MICHELLE
Address: C/O ARNALDO VELEZ, P.A.
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Delete
Name: BIANCHI, PETER C JR.
Address: C/O ARNALDO VELEZ, P.A.
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BROWN, HENRY
Address: 230 NE 24TH ST
City-St-Zip: WILTON MANOR, FL 33305

Title: S (X) Change () Addition
Name: MITCHELL, NATALIE
Address: 455 NW 5TH STREET
City-St-Zip: MIAMI, FL 33124

Title: T (X) Change () Addition
Name: KELLUM, SARAH
Address: 6520 SW 66 CT
City-St-Zip: SO MIAMI, FL 33143

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: HENRY BROWN

D

07/23/2008

Electronic Signature of Signing Officer or Director

Date