

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

**FILED  
Oct 10, 2013  
Secretary of State**

DOCUMENT# N93000004133

**Entity Name:** HOMELESS SERVICES NETWORK OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

2828 EDGEWATER DRIVE  
ORLANDO, FL 32854 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 547068  
ORLANDO, FL 32854 US

**New Mailing Address:**

**FEI Number:** 59-3213827      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HOMELESS SERVICES NETWORK  
2828 EDGEWATER DRIVE  
ORLANDO, FL 32854 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: OLIVETTE CARTER

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: BURNS, BAKARI  
Address: 234 N. OBT  
City-St-Zip: ORLANDO, FL 32801

Title: IED  
Name: CARTER, OLIVETTE  
Address: 1940 TRAYLOR BLVD  
City-St-Zip: ORLANDO, FL 32854

Title: VC  
Name: DIXON, TODD  
Address: P.O. BOX 538350  
City-St-Zip: ORLANDO, FL 32853

Title: C  
Name: DUNCAN, CAROLANN  
Address: 400 WEST ROBINSON STREET  
City-St-Zip: ORLANDO, FL 32801

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: OLIVETTE CARTER

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

IED

10/10/2013

\_\_\_\_\_  
Date