
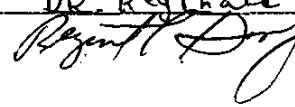


**2008 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT**

FILED

08 MAR 20 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002967 1. Entity Name HOUSING COUNSELING SERVICES, INC.			
Principal Place of Business 1334 SE FORT KING STREET OCALA, FL 34475		Mailing Address 1334 SE FORT KING STREET OCALA, FL 34475	
2. Principal Place of Business - No P.O. Box # 1306 NE 2nd St Suite 2		3. Mailing Address 1306 NE 2nd St	
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc. 2	
City & State Ocala FL		City & State Ocala FL	
Zip 34471		Zip 34471	
County Marion		County Marion	
4. FEI Number 59-3381762		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILTON, JONAS C 528 NE 4TH AVE. UNIT B GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept, the obligations of registered agent.			
SIGNATURE _____ <small>Signature typed or printed name of registered agent if applicable. (NOTE: Registered Agent signature required when changing.)</small>			
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(a), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State		800120860238 03/21/08--01003--019 **201.25	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILTON, JONAS C 528 NE 4TH AVE., UNIT B GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT 602 EAVENSON ST 32204 JACKSONVILLE FL 32204 DR. Reginald E. Gunter
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRANKLIN, DENNIS 12 WEST UNIV. AVE., STE 204 GAINESVILLE, FL 32601	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILTON, JAMES H 1708 15TH ST. NW WASHINGTON, DC 20001	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Jonas M. Milton</u> President		Date: <u>March 12, 08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>		<small>Date</small>	



REINSTATEMENT 07-08