


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N96000005255		
1. Entity Name HOUSING CORPORATION OF AMERICA, INC.		

Principal Place of Business 6617 BLUE HERON DRIVE SOUTH ST. PETERSBURG, FL 33707 US	Mailing Address P.O. BOX 185 PINELLAS PARK, FL 33780 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
09 DEC 15 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12082008 REIN-NP CR2E099 (1/07)

4. FEI Number 59-3408620	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FRISHE, JAMES C 6617 BLUE HERON DRIVE SOUTH ST. PETERSBURG, FL 33707		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 James C Frishe 12-09-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, ANDREW L 1808 HILLS AVENUE TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800139025908 12/15/08--01064--001 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARMOUTH, ELLSWORTH F 6 EAGLE LANE PALM HARBOR, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BURNETT, SUSAN W 6617 BLUE HERON DRIVE SOUTH SAINT PETERSBURG, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	50 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barnett, Susan -> Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOUSE, JERRY D 236 58TH AVENUE SOUTH ST. PETERSBURG, FL 33705 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2008 KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, JAMES 1923 M. L. KING STREET SOUTH ST. PETERSBURG, FL 33705 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Barnett 12/9/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #