2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000001751

Current Principal Place of Business:

OCUMENT# 1497000001751

Entity Name: NEIGHBORHOODS UNITED INC.

FILED Apr 24, 2008 Secretary of State

515 S MARYLAND AVE 703 WILKINS AVENUE PLANT CITY, FL 33566 PLANT CITY, FL 33563

Current Mailing Address: New Mailing Address:

515 S MARYLAND AVE 703 WILKINS AVENUE PLANT CITY, FL 33563 PLANT CITY, FL 33563

FEI Number: 59-3439157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MC DONALD, PATRICIA A 2207 N. MERRIN STREET PLANT CITY, FL 33563 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: PATRICIA MC DONALD

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Business:

Title: CD () Delete Title: () Change () Addition

 Name:
 NETTLES, DOROTHY
 Name:

 Address:
 2318 VILLAGE GREEN BLVD
 Address:

 City-St-Zip:
 PLANT CITY, FL 33567
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 LEWIS, LENNIE
 Name:

 Address:
 1302 EAST LAURA STREET
 Address:

 City-St-Zip:
 PLANT CITY, FL 33563
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 TASBY, CATHERINE
 Name:

 Address:
 1210 EAST RENFRO STREET
 Address:

 City-St-Zip:
 PLANT CITY, FL 33563
 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: DOROTHY NETTLES CD 04/24/2008