

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 18 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N99000006671

1. Entity Name
COMMUNITIES RECEIVING SUPPORT, INC.



Principal Place of Business
**768 ACOSTA ST
JACKSONVILLE, FL 32204**

Mailing Address
**P.O. BOX 8034
JACKSONVILLE, FL 32239**

2. Principal Place of Business
1600 N.E. 135th St.

3. Mailing Address
PO Box 601142

Suite, Apt. #, etc.
6003

City & State
N. Miami, FL

City & State
N Miami Beach, FL

Zip
33181

Country
Miami

Zip
33160

Country
Miami

10112006 REIN-NP CR2E099 (11/05) **06**

4. FEI Number
59-3619416

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CRUZ, CHERYL
768 ACOSTA ST
JACKSONVILLE, FL 32204**

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 _____

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, 2007, 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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JONES, RHONDA 2285 COUNTRY RD 220 MIDDLEBURG, FL 32068 <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	TS ROBINSON, RODERICK R 2242 FOREST HILLS RD JACKSONVILLE, FL 32208 <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	D CRUZ, CHERYL PO BOX 8034 JACKSONVILLE, FL 32239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900080957719 10/18/06--01034--019 **61.85
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELIFUS, JON PO BOX 8316 JACKSONVILLE, FL 32239 <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	<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	JS 10/24 <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: **Cheryl Cruz** **Oct 14, 2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date