

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000006671

FILED  
Nov 03, 2008  
Secretary of State

**Entity Name:** COMMUNITIES RECEIVING SUPPORT, INC.

**Current Principal Place of Business:**

1600 NE 135TH ST  
603  
N MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 601142  
N MIAMI BEACH, FL 33160

**New Mailing Address:**

**FEI Number:** 59-3619416      **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:**

CRUZ, CHERYL  
1600 NE 135TH ST #603  
N. MIAMI, FL 33181      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: CHERYL CRUZ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VT      ( ) Delete  
Name: JONES, RHONDA  
Address: 2285 COUNTRY RD 220  
City-St-Zip: MIDDLEBURG, FL 32068

Title: TS      ( ) Delete  
Name: ROBINSON, RODERICK R  
Address: 2242 FOREST HILLS RD  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D      ( ) Delete  
Name: CRUZ, CHERYL  
Address: PO BOX 8034  
City-St-Zip: JACKSONVILLE, FL 32239

Title: P      ( ) Delete  
Name: DELIFUS, JON  
Address: PO BOX 8316  
City-St-Zip: JACKSONVILLE, FL 32239

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P      (X) Change ( ) Addition  
Name: DELIFUS, JON  
Address: PO BOX 41524  
City-St-Zip: JACKSONVILLE, FL 32203

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: CHERYL CRUZ

RA

11/03/2008

Electronic Signature of Signing Officer or Director

Date