

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P02000046086**

1. Entity Name  
**HOUSING ASSISTANCE INC.**



FILED

05 MAY 16 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**741 SOUTH ATLANTIC AVENUE  
COCOA BEACH, FL 32931**

Mailing Address  
**741 SOUTH ATLANTIC AVENUE  
COCOA BEACH, FL 32931**

*JK*



**REINSTATEMENT 04-05**

2. Principal Place of Business  
**5505 N. Atlantic Av  
Suite, Apt. #, etc. 115**

3. Mailing Address  
**5505 N. Atlantic Av.  
Suite, Apt. #, etc. 115**

City & State  
**Cocoa Beach**

City & State  
**Cocoa Beach**

Zip  
**32931**

Country  
**US**

Zip  
**32931**

Country  
**US**

4. FEI Number  
**56-2297154**

Applied For  
☒ Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**MCPHILLIPS, JACQUI  
741 SOUTH ATLANTIC AVENUE  
COCOA BEACH, FL 32931**

7. Name and Address of New Registered Agent  
Name  
**Jacqueline McPhillips**  
Street Address (P.O. Box Number is Not Acceptable)  
**5505 N. Atlantic Av.**  
Suite  
**115**  
City  
**Cocoa Beach** FL Zip Code  
**32931**

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: *Jacqueline McPhillips* DATE: **4/21/05**

**FILE NOW!!! FEE IS \$300.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MCPHILLIPS, JACQUI 741 SOUTH ATLANTIC AVENUE COCOA BEACH, FL 32931</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES. Jacqueline McPhillips 5505 N. Atlantic Av., #115 Cocoa Beach, FL 32931</b> <input checked="" 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
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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 exemption stated in Section 119.07(3)(i), 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 207, 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: *Jacqueline McPhillips* DATE: **4/21/05** DAYTIME PHONE #: **(305) 743-3316**