

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000084063

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: ALTERNATIVE HOUSING SOLUTIONS, INC.

## Current Principal Place of Business:

259 BUTTERCUP CIRCLE  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

511 OLEANDER DR  
PALATKA, FL 32177

## Current Mailing Address:

259 BUTTERCUP CIRCLE  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

511 OLEANDER DR  
PALATKA, FL 32177

FEI Number: 32-0087239

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZEHEL, MICHAEL  
259 BUTTERCUP CIRCLE  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

ZEHEL, MICHAEL  
511 OLEANDER DR  
PALATKA, FL 32177 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: MICHAEL ZEHEL

01/30/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ZEHEL, MICHAEL  
Address: 259 BUTTERCUP CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ZEHEL, MICHAEL  
Address: 511 OLEANDER DR  
City-St-Zip: PALATKA, FL 32177

Title: CEO ( ) Change (X) Addition  
Name: WILLIAMS, ANTHONY  
Address: 511 OLEANDER DR  
City-St-Zip: PALATKA, FL 32177

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ZEHEL

PD

01/30/2009

Electronic Signature of Signing Officer or Director

Date