

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000045791

FILED
Aug 01, 2008
Secretary of State

Entity Name: BROWNSVILLE AFFORDABLE HOUSING DEVELOPMENT CORP.

Current Principal Place of Business:

4520 NW 27TH AVE., STE. 3
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

4520 NW 27TH AVE., STE. 3
MIAMI, FL 33142

New Mailing Address:

FEI Number: 20-2958614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACK, ROBERT J.
901 PONCE DE LEON BLVD., PENTHOUSE STE.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

BLACK, ROBERT J.
901 PONCE DE LEON BLVD., PENTHOUSE STE.
CORAL GABLES, FL 33134 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: ROBERT J. BLACK

08/01/2008

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: D () Delete
Name: LOVETT, LARRIE M
Address: 4520 NW 27TH AVE., STE. 3
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: PORTER, RONALD
Address: 4520 NW 27TH AVE., STE. 3
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: BLACK, ROBERT J.
Address: 901 PONCE DE LEON BLVD., PENTHOUSE STE.
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: MURPHY, FRED
Address: 5415 NW 36TH STREET
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: LENO, JAMES
Address: 6810 NW 28TH AVENUE
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: LENO, CALVIN
Address: 1618 NW 195TH STREET
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LOVETT, LARRIE M II.
Address: 4520 NW 27TH AVE., STE. 3
City-St-Zip: MIAMI, FL 33142

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

Title: D (X) Change () Addition
Name: BLACK, ROBERT J
Address: 901 PONCE DE LEON BLVD., PENTHOUSE STE.
City-St-Zip: CORAL GABLES, FL 33134

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

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

Title: () Change () Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRIE M. LOVETT, II.

D

08/01/2008

Electronic Signature of Signing Officer or Director

Date