

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000048545

FILED
Sep 18, 2006
Secretary of State

Entity Name: GOOD FAITH ASSISTED LIVING FACILITY, INC.

Current Principal Place of Business:

3405 KNOLLS RD.
MIRAMAR, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

3405 KNOLLS RD.
MIRAMAR, FL 33025 US

New Mailing Address:

FEI Number: 01-0833567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

G WOODS FINANCIAL CONSULTING, INC.
901 S. STATE RD. 7
315
HOLLYWOOD, FL 33023 US

Name and Address of New Registered Agent:

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: G WOODS

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: P () Delete
Name: DOYLEY, HYACINTH
Address: 3405 KNOLLS RD.
City-St-Zip: MIRAMAR, FL 33025 US

Title: VP () Delete
Name: DOYLEY, NEVILLE
Address: 3405 KNOLLS RD.
City-St-Zip: MIRAMAR, FL 33025 FL

Title: SEC () Delete
Name: ROBERTS, SHERNETTE
Address: 3405 KNOLLS RD
City-St-Zip: MIRAMAR, FL 33025 FL

Title: TR () Delete
Name: ROBERTS, ORAL
Address: 3405 KNOLLS RD.
City-St-Zip: MIRAMAR, FL 33025 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HYACINTH DOYLEY

P

09/18/2006

Electronic Signature of Signing Officer or Director

Date