

**2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED**  
**Sep 25, 2006**  
**Secretary of State**

DOCUMENT# N03000008604

Entity Name: HOMES OF RESTORATION, INC.

**Current Principal Place of Business:**

20503 SW 86TH CT.  
MIAMI, FL 33189

**New Principal Place of Business:**

**Current Mailing Address:**

6835 SW 45 LANE #9  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 20-0340979      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:**

VARGAS, ANA D  
6835 SW 45 LANE #9  
MIAMI, FL 33155      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: ANA VARGAS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: P      ( ) Delete  
Name: VARGAS, ANA D  
Address: 20503 SW 86TH CT.  
City-St-Zip: MIAMI, FL 33189

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

Title: V      ( ) Delete  
Name: NOEL, LENORE  
Address: 6415 COW PEN RD. #L107  
City-St-Zip: MIAMI, FL 33014

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

Title: S      ( ) Delete  
Name: SALMI, LETICIA  
Address: 10034 SW 127 CT.  
City-St-Zip: MIAMI, FL 33186

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

Title: D      ( ) Delete  
Name: BOLONOS, GINA  
Address: 20440 SW 114TH PL.  
City-St-Zip: MIAMI, FL 33189

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

Title: D      ( ) Delete  
Name: CRITTENDEN, CLIFF  
Address: 20503 SW 86TH CT.  
City-St-Zip: MIAMI, FL 33189

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

SIGNATURE: LETICIA SALMI

S

09/25/2006

Electronic Signature of Signing Officer or Director

Date