

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000000723

FILED
Sep 30, 2006
Secretary of State

Entity Name: HOPE FOR THE CHILDREN CORP.

Current Principal Place of Business:

9217 PARAGON WAY
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

9217 PARAGON WAY
BOYNTON BEACH, FL 33437 US

New Mailing Address:

FEI Number: 41-2164939 **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:

CATAFFO, CARMEM C MRS
9217 PARAGON WAY
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

CATAFFO, CARMEM C MRS
1650 N RIVERSIDE DR APT 10
POMPANO BEACH, FL 33062 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: CARMEM C CATAFFO

09/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CATAFFO, CARMEM C MRS.
Address: 9217 PARAGON WAY
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: VP () Delete
Name: MELO, MAGDALA C MS.
Address: RUA ANTONIO C ARAUJO , 100 APT305
City-St-Zip: JOAO PESSOA, PB 58045250 BR

Title: S () Delete
Name: LAVIN, EUGENE J
Address: 954 BOLENDER DR
City-St-Zip: DELRAY BEACH, FL 33483 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:

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: CARMEM C CATAFFO

PRES

09/30/2006

Electronic Signature of Signing Officer or Director

Date