2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000004663

Entity Name: ROAD TO HOPE, INC

FILED Oct 22, 2008 Secretary of State

analy name: No/12 Fe Her 2, into.			
Current Principal Place of Business:		New Principal Place of Business:	
9507 SW 160TH STREET		6855 SW 81ST STREET	
280 MIAMI, FL 33157		260 MIAMI, FL 33143	
Current Mailing Address:		New Mailing Address:	
P.O. BOX 162509 MIAMI, FL 33116		P.O. BOX 570577 MIAMI, FL 33143	
FEI Number: 65-1127321 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 No	ew Registered Agent:
FABIO, DEBRA 8340 SW 166TH STREET MIAMI, FL 33157 US			
The above in the State	named entity submits this statement for the purpose of Florida.	of changing its registered off	ice or registered agent, or both,
SIGNATURE: DEBRA FABIO			
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$	
Title: Name: Address: City-St-Zip:	PD () Delete FABIO, DEBRA 8340 SW 166TH STREET MIAMI, FL 33157	Title: () 0 Name: Address: City-St-Zip:	Change()Addition
Title: Name: Address: City-St-Zip:	TD () Delete DE LANDRO, NEVILLE 709 E 96TH STREET BROOKLYN, NY 11236	Title: () 0 Name: Address: City-St-Zip:	Change()Addition
Title: Name: Address: City-St-Zip:	SD () Delete SAMUEL, BRENDA 1140 E 86TH STREET BROOKLYN, NY 11236	Title: () 0 Name: Address: City-St-Zip:	Change()Addition
Title: Name: Address: City-St-Zip:	D () Delete FABIO, HERBERT 8340 SW 166TH STREET MIAMI, FL 33157	Title: () 0 Name: Address: City-St-Zip:	Change()Addition
Title: Name: Address: City-St-Zip:	D () Delete PETERS, LUTHER 10487 SW 216TH STREET MIAMI, FL 33157	Title: () 0 Name: Address: City-St-Zip:	Change()Addition

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

SIGNATURE: DEBRA FABIO PD 10/22/2008