2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 25, 2007
Secretary of State

DOCUMENT# N03000000603

Entity Name: HABITAT HOPE RESTORATION AND EDUCATION CENTER, INC.

Current Principal Place of Business:

212 W BLUE HERON BLVD
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

725 45TH ST.
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 37-1457443 **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:

DORVILUS, LEMEL
14576 KEY LIME BLVD.
LOXAHATCHEE, FL 33470 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: LEMEL DORVILUS

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	DORVILUS, LEMEL	
Address:	14576 KEYLIME BLVD.	
City-St-Zip:	LOXAHATCHEE, FL 33470	
Title:	D	( ) Delete
Name:	LAMARTINIERE, RENELLE	
Address:	725 45TH STREET	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	SD	( ) Delete
Name:	WALKER, VERNALEE	
Address:	725 45TH ST.	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	VD	( ) Delete
Name:	DAVILMAR, JEAN	
Address:	4595 CHERRY RD.	
City-St-Zip:	WEST PALM BEACH, FL 33417	
Title:	D	( ) Delete
Name:	WASHINGTON, ERNEST	
Address:	1124 BROADWAY STE O	
City-St-Zip:	RIVIERA BEACH, FL 33404	

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

SIGNATURE: LEMEL DORVILUS PRES 09/25/2007

Electronic Signature of Signing Officer or Director — Date