

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N04000000384</b> 1. Entity Name <b>HEARTS FOR HOPE, INC.</b>					
Principal Place of Business 103 MARSHSIDE DR ST.AUGUSTINE, FL 32080				Mailing Address 103 MARSHSIDE DR ST.AUGUSTINE, FL 32080	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-0110430</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LAUBACKER, DAVID A</b> <b>2338 MONTEREY AVE</b> <b>ST.AUGUSTINE, FL 32084</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <b>10/19/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2006, Fee will be \$297.50</b>				Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUTCHER, JUDY</b> <b>4198 S FRANCIS RD</b> <b>ST AUGUSTINE, FL 32092</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 2em; opacity: 0.5;">REINSTATEMENT</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAMERON, DON</b> <b>50 N LAURA ST STE 3000</b> <b>JACKSONVILLE, FL 32202</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>T. Roberts NOV 14 2005</b> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAUBACKER, CHERYL</b> <b>103 MARSHSIDE DR</b> <b>ST.AUGUSTINE, FL 32080</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAUBACKER, MOLLY</b> <b>103 MARSHSIDE DR</b> <b>ST.AUGUSTINE, FL 32080</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>900061341279</b>  <b>11/10/05--01034--008 **236.25</b> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TRIEBWASSLER, KATHY</b> <b>8301 CYPRUS PLAZA DR STE 101</b> <b>JACKSONVILLE, FL 32256</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>10/19/05</b> <b>904-377-1556</b> <small>Daytime Phone #</small>	

**FILED**  
 05 NOV 10 PM 3:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



10202005 REIN-NP CR2E099 (6/04)