# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000005123

1. Entity Name
RESTORING HOPE COMMUNITY DEVELOPMENT CORPORATION, INC.

FILED
07 AUG 13 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06 - 07

| Principal Place of Business | Mailing Address |
|---|---|
| 4646 NW 17TH AVE<br>MIAMI, FL 33142 | 4646 NW 17TH AVE<br>MIAMI, FL 33142 |

| 2. Principal Place of Business No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number
65-1230733

Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DUNN, RICHARD P II<br>4646 NW 17TH AVE<br>MIAMI, FL 33142 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. **(NOTE: Registered Agent signature required when reinstating)**

**FILE NOW!!! FEE IS $297.50** | **Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>DUNN, RICHARD P<br>1895 NW 57TH STREET<br>MIAMI, FL 33142 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition<br>700109474687<br>08/22/07--01046--015 **306.25 |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>HICKS, DALE<br>1167 NW 112TH TERR<br>MIAMI, FL 33168 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>Hapton, HENRY<br>15922 N.W. 36th PLACE<br>MIAMI, FL 33054 ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>COLEMAN, DWIGHT<br>2970 NW 210 TERR<br>MIAMI, FL 33168 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | 8/14 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Richard P. Dunn II - Richard P. Dunn II 8-10-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date