

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000002235

FILED
Jul 16, 2009
Secretary of State

Entity Name: GIVE HOPE FOUNDATION, INC.

Current Principal Place of Business:

5013 LEGACY OAKS DRIVE
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

P O BOX 4401
WINTER PARK, FL 32793

New Mailing Address:

5013 LEGACY OAKS DR
ORLANDO, FL 32839

FEI Number: 54-2169627 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:

PIACENTI, PETER
5013 LEGACY OAKS DRIVE
ORLANDO, FL 32839 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: PETER PIACENTI

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PIACENTI, PETER
Address: 701 SEABROOK CT UNIT 104
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T () Delete
Name: BEHAR, JOSE
Address: 528 BRANTLEY TOURDEE WAY #305
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Delete
Name: PLACENTI, WILLIAM
Address: 986 CARA DELSOL CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Delete
Name: ZARRISNIDER, SIMONE
Address: 2284 PARADISE CT
City-St-Zip: LONGWOOD, FL 32779

Title: AMGR (X) Delete
Name: PIACENTI, PETER
Address: 1013 INLET WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: PIACENTI, PETER
Address: 5013 LEGACY OAKS DR
City-St-Zip: ORLANDO, FL 32839

Title: MR. (X) Change () Addition
Name: MIKHAEL, MARK
Address: 14617 CHLOE CT
City-St-Zip: ORLANDO, FL 32836

Title: MRS. (X) Change () Addition
Name: PIACENTI, JEN
Address: 5013 LEGACY OAKS DR
City-St-Zip: ORLANDO, FL 32839

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: PETER PIACENTI

Electronic Signature of Signing Officer or Director

MR.

07/16/2009

Date