

**2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Dec 08, 2006  
Secretary of State**

DOCUMENT# N05000002578

Entity Name: HOPE FOR TOMORROW OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

6728 NW 18 AVE.  
MIAMI, FL 33147

**New Principal Place of Business:**

2820 NW 48TH ST.  
MIAMI, FL 33142

**Current Mailing Address:**

6728 NW 18 AVE.  
MIAMI, FL 33147

**New Mailing Address:**

FEI Number: 75-3182364      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:**

PETERSEN, THOMAS  
5770 SW 56 STREET  
MIAMI, FL 33155      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: THOMAS PETERSEN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES ( ) Change (X) Addition  
Name: FLOWERS, GAYLE A  
Address: 2820 N.W. 48TH ST.  
City-St-Zip: MIAMI, FL 33142

Title: VICE ( ) Change (X) Addition  
Name: HILL, TAMMY  
Address: 1190 N.W. 12TH AVE.  
City-St-Zip: MIAMI, FL 33142

Title: SEC' ( ) Change (X) Addition  
Name: THOMAS, PETERSEN  
Address: 5770 MILLER RD.  
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the 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: GAYLE FLOWERS

PRES

12/08/2006

Electronic Signature of Signing Officer or Director

Date