2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000006260 FILED WINGS OF LOVE AND HOPE, INC. 07 AUG 20 PH 12: 39 Principal Place of Business Mailing Address SCORE CAST OF STATE 830 CALIFORNIA WOODS CIR 830 CALIFORNIA WOODS CIR ALLAHASSFÉ, FLORIDA ORLANDO, FL 32824 ORLANDO, FL 32824 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 20-35/0752 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINEZ, EDWARD 830 CALIFORNIA WOODS CIR Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32824 City 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 SIGNATURE gent and title i explicable Make check payable to FILE NOW!!! FEE IS \$297.50 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PT TITLE Delete TITLE ☐ Change ☐ Addition NAME MARTINEZ, EDWARD 90108474348 22/07--01046--012 **297.50 MARKE STREET ADDRESS 830 CALIFORNIA WOODS CIR STREET ADDRESS CITY-ST-7/P ORLANDO, FL 32824 CITY-ST-ZIP ST TITLE ☐ Delete DTLE Change Addition MARTINEZ, KELLY NAME NAME STREET ADORESS 830 CALIFORNIA WOODS CIR STREET ADORESS CITY-ST-7/P ORLANDO, FL 32824 CITY-ST-ZIP VID TITLE FR Detete TITLE ☐ Change 4ddition MILLAN, ROSARIO NAME NAME MARTINEZ, RAQUEL 830 CALIFORNIA WOODS CIRCLE 830 CALIFORNIA WOODS CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32824 CITY-ST-ZIP ORLANDO, FL 32824 TITLE ☐ Delete TITLE ☐ Change Addition ROJAS, RAMON NAME NAME STREET ADORESS 830 CALIFORNIA WOODS CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: BIGNATURE AND TYPED OR PRINTED NAME OF BROWING OFFICER OR DIRECTOR