2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000007299

FILED Oct 05, 2006 Secretary of State

Entity Name: NEW HOPE COMMUNITY MULTI-PURPOSE CENTER, INC.

Current Principal Place of Business:		New Principal	New Principal Place of Business:	
4601 NW 183RD STREET G-10 MIAMI GARDENS, FL 33055		G10	4601 NW 183RD STREET G-10 G1O MIAMI GARDENS, FL 33055	
Current Mailing Address:		New Mailing Address:		
4601 NW 183RD STREET G-10 MIAMI GARDENS, FL 33055		4601 NW 183RD STREET G-10 G10 MIAMI GARDENS, FL 33055		
n accordan	: 20-3178281 FEI Number Applied For () FEI Notes FE		e() Certificate of Status Desired() Iress of New Registered Agent:	
SCOTT, E 4601 NW 1 MIAMI GAF	LIZABETH 183RD STREET #G-10 RDENS, FL 33055 US named entity submits this statement for the purpose			
	e of Florida.	e or onunging its re	gistered emoc of registered agent, or betti,	
SIGNATUF	RE: ELIZABETH SCOTT			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P () Delete WHYMS, ALBERTA 4601 NW 183RD STREET G-10 MIAMI GARDENS, FL 33055	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete CORTES, DIONE 9011 NE 2ND AVE EL PORTAL, FL 33138	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete DRAKES, ANNETTE 13101 MEMORIAL HWY #103 N MIAMI, FL 33161	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete DUNCANSON-JONES, DEBBIE 1230 NE 124TH ST PH2 N MIAMI, FL 33161	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete ALUBI, NELSON 4601 NW 183RD STREET G-10 MIAMI GARDENS, FL 33055	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete WHYMS, SHANNON 4601 NW 183RD STREET G-10 MIAMI GARDENS, FL 33055	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ALBERTA WHYMS P 10/05/2006