2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 31, 2006
Secretary of State

DOCUMENT# N05000008894

Entity Name: HANDS OF HOPE FOUNDATION INC

Current Principal Place of Business:

1791 LAUDERDALE MANOR DR
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1791 LAUDERDALE MANOR DR
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

FREEMAN-CLARK, VALERIE
1791 LAUDERDALE MANOR DR
FORT LAUDERDALE, FL 33311 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: VALERIE FREEMAN-CLARK
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FREEMAN, SHANEKA
Address: 1791 LAUDERDALE MANOR DR
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VP ( ) Delete
Name: CLARK, DEXTER
Address: 1791 LAUDERDALE MANOR DR
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VP ( ) Delete
Name: FREEMAN-CLARK, VALERIE
Address: 1791 LAUDERDALE MANOR DR
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: VALERIE FREEMAN-CLARK VP 10/31/2006
Electronic Signature of Signing Officer or Director — Date