

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000010187

FILED  
Sep 19, 2006  
Secretary of State

**Entity Name:** HOPE FOR THE HOMELESS/ HOPELESS, INC.

**Current Principal Place of Business:**

4055 NW 17 AVE  
MIAMI, FL 33142 US

**New Principal Place of Business:**

6825 NW 15 AVE.  
MIAMI, FL 33147 US

**Current Mailing Address:**

4055 NW 17 AVE  
MIAMI, FL 33142 US

**New Mailing Address:**

6825 NW 15 AVE.  
MIAMI, FL 33147 US

**FEI Number:** 57-1230463 **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:**

MACIAS, PATRICIA  
4055 NW 17 AVE  
MIAMI, FL 33142 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: PATRICIA MACIAS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DIR ( ) Delete  
Name: GRATE, LACANDISE  
Address: 4055 NW 17 AVE.  
City-St-Zip: MIAMI, FL 33142 US

Title: DIR ( ) Delete  
Name: MACIAS, PATRICIA  
Address: 4055 NW 17 AVE.  
City-St-Zip: MIAMI, FL 33142 US

Title: DIR ( ) Delete  
Name: SPENCE, TIFFANY  
Address: 4055 NW 17 AVE.  
City-St-Zip: MIAMI, FL 33142 US

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

Title: DIR (X) Change ( ) Addition  
Name: GRATE, LACANDISE  
Address: 6825 NW 15 AVE.  
City-St-Zip: MIAMI, FL 33147 US

Title: DIR (X) Change ( ) Addition  
Name: MACIAS, PATRICIA  
Address: 6825 NW 15 AVE.  
City-St-Zip: MIAMI, FL 33147 US

Title: DIR (X) Change ( ) Addition  
Name: SPENCE, TIFFANY  
Address: 6825 NW 15 AVE.  
City-St-Zip: MIAMI, FL 33147 US

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: PATRICIA MACIAS

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09/19/2006

Electronic Signature of Signing Officer or Director

Date