2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 13, 2008
Secretary of State

DOCUMENT# N06000004689

Entity Name: TRINITY HOPE INC.

Current Principal Place of Business:

1310 AGUACATE CT
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

1310 AGUACATE CT
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 20-4862881 **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:

VILLAMIL, NANCY
3501 W VINE ST
STE 290
KISSIMMEE, FL 34741 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: NANCY VILLAMIL

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HERRERA, CESAR
Address: 1310 AGUACATE CT
City-St-Zip: ORLANDO, FL 32837

Title: VP ( ) Delete
Name: HERRERA, M. MAGDALENA
Address: 1310 AGUACATE CT
City-St-Zip: ORLANDO, FL 32837

Title: S ( ) Delete
Name: HUAYAMARES, RICARDO
Address: 1310 AGUACATE CT
City-St-Zip: ORLANDO, FL 32837

Title: T ( ) Delete
Name: HUAYAMARES, SILVANA
Address: 1310 AGUACATE CT
City-St-Zip: ORLANDO, FL 32837

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: CESAR HERRERA P 10/13/2008

Electronic Signature of Signing Officer or Director — Date