2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
May 22, 2009
Secretary of State

DOCUMENT# N07000002572

Entity Name: HOPE AND HEALING CORP.

Current Principal Place of Business:

204 ALEXANDER ESTATES DR
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

P O BOX 1066
AUBURNDALE, FL 338231066

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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

JOHNSON, GEWANDA
204 ALEXZNDER ESTATES DR
AUBURNDALE, FL 33823 US

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: GEWANDA JOHNSON 05/22/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JOHNSON, GEWANDA
Address: 204 ALEXANDER ESTATES DR
City-St-Zip: AUBURNDALE, FL 33823

Title: VPD ( ) Delete
Name: CAMP, DONNA
Address: 204 ALEXANDER ESTATES DR
City-St-Zip: AUBURNDALE, FL 33823

Title: SD ( ) Delete
Name: GRIMSLEY, WANDA T
Address: 204 ALEXANDER ESTATES DR
City-St-Zip: AUBURNDALE, FL 33823

Title: TD ( ) Delete
Name: GRIMSLEY, HOSIE JR
Address: 204 ALEXANDER ESTATES DR
City-St-Zip: AUBURNDALE, FL 33823

Title: D ( ) Delete
Name: JOHNSON, JAMLIAH
Address: 204 ALEXANDER ESTATES DR
City-St-Zip: AUBURNDALE, FL 33823

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:

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: GEWANDA JOHNSON PD 05/22/2009
Electronic Signature of Signing Officer or Director Date