2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000003049

FILED Oct 27, 2009 Secretary of State

Entity Nam	ne: THE LINKS OF HOPE NETWORK, INC		
Current Pr	incipal Place of Business:	New Princ	ipal Place of Business:
843 EDGEH PALM HAR	HILL DR BOR, FL 34684		
Current Mailing Address:		New Mailing Address:	
843 EDGEHILL DR PALM HARBOR, FL 34684			
FEI Number: 26-1827086 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: Name and Address of New Registered Agent:			
ENGELMAI 843 EDGEH PALM HAR	N, ELIZABETH D		
in the State	of Florida.	or ontaing ing i	
SIGNATUR	E: ELIZABETH ENGELMAN		
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P () Delete ENGELMAN, ELIZABETH D 843 EDGEHILL DR PALM HARBOR, FL 34684	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DIR () Delete WOOTEN, ABBY 2500 WINDING CREEK D 108 CLEARWATER, FL 33761	Title: Name: Address: City-St-Zip:	DIR (X) Change () Addition JAYME, PRICE 9420 GEORGIAN PARK LANE TAMPA, FL 33626
Title: Name: Address: City-St-Zip:	DIR () Delete ENGELMAN, ANNE 1430 DUNCAN LOOP N APT 108 DUNEDIN, FL 34698	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete ENGELMAN, ELIZABETH 843 EDGEHILL DR PALM HARBOR, FL 34684	Title: Name: Address: City-St-Zip:	() Change () Addition

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: ELIZABETH ENGELMAN 10/27/2009 DIR