

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N08000005072

**FILED**  
**Oct 11, 2010**  
**Secretary of State**

**Entity Name:** GIVING A FUTURE TO A HOPELESS CHILD FOUNDATION, INCORPORATED

**Current Principal Place of Business:**

420 W. MOWRY DR.  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

420 W. MOWRY DR.  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 80-0193176

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LINDOR, JEAN M  
21 SOUTH KROME AVE.  
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

LINDOR, JEAN M  
233 SW 4TH STREET  
HOMESTEAD, FL 33030 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: JEAN MARI LINDOR

10/11/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PC  
Name: PIERRE, CLARK  
Address: 1762 NW 5TH AVE.  
City-St-Zip: HOMESTEAD, FL 33030

Title: VVC  
Name: RAMEAU, GENEVIEVE E  
Address: 420 W. MOWRY DR.  
City-St-Zip: HOMESTEAD, FL 33030

Title: SD  
Name: CLARK, MAREDANIC  
Address: 25701 SW 130 AVE.  
City-St-Zip: HOMESTEAD, FL 33030

Title: TD  
Name: ROCHENEL, MARC  
Address: 11100 SW 197TH ST., #6-109  
City-St-Zip: MIAMI, FL 33157

Title: D  
Name: LINDOR, JEAN M  
Address: 233 SW 4TH STREET  
City-St-Zip: HOMESTEAD, FL 33030

I hereby 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 all other like empowered.

SIGNATURE: PIERRE CLARK

PC

10/11/2010

Electronic Signature of Signing Officer or Director

Date