2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2009
Secretary of State

DOCUMENT# N08000011592

Entity Name: HOPE IMPACT MISSIONS, INC.

Current Principal Place of Business:

31752 CARRIAGE HOUSE RD.
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

Current Mailing Address:

31752 CARRIAGE HOUSE RD.
WESLEY CHAPEL, FL 33543

New Mailing Address:

FEI Number: 26-3945753 **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:

NOLAN, GARY T REV.
31752 CARRIAGE HOUSE RD.
WESLEY CHAPEL, FL 33543 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: REV. GARY T. NOLAN
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NOLAN, GARY T REV.
Address: 31752 CARRIAGE HOUSE RD.
City-St-Zip: WESLEY, CHAPEL, FL 33543

Title: DIR. ( ) Delete
Name: NOLAN, ALICIA
Address: 31752 CARRIAGE HOUSE RD.
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: DIR. ( ) Delete
Name: NOLAN, TRAVIS L
Address: 31752 CARRIAGE HOUSE RD.
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: DIR. ( ) Delete
Name: NOLAN, GARY T REV.
Address: 31752 CARRIAGE HOUSE RD.
City-St-Zip: WESLEY CHAPEL, FL 33543

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: GARY NOLAN DIR 10/08/2009
Electronic Signature of Signing Officer or Director — Date