

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N10000002209

**FILED**  
**May 29, 2012**  
**Secretary of State**

**Entity Name:** HOPE OF DUVAL, INC

**Current Principal Place of Business:**

9701 ANDERS BLVD.  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

9701 ANDERS BLVD.  
JACKSONVILLE, FL 32246

**New Mailing Address:**

**FEI Number:** 27-1686854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FAHNBULLEH, ALBERT  
9701 ANDERS BLVD.  
JACKSONVILLE, FL 32246 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:** ALBERT FAHNBULLEH

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DIR  
**Name:** FAHBULLEH, OWEN  
**Address:** 9701 ANDERS BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32246

**Title:** PRES  
**Name:** FAHNBULLEH, ALBERT  
**Address:** 9701 ANDERS BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32246

**Title:** DIR  
**Name:** COOPER, JUAN  
**Address:** 3656 HARTSFIELD FOREST CIRCLE  
**City-St-Zip:** JACKSONVILLE, FL 32277

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:** ALBERT FAHNBULLEH

PRES

05/29/2012

Electronic Signature of Signing Officer or Director

Date