M1000009259

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



100207556401

05/12/11--01008--006 **35.00



De la company de

COVER LETTER

Restoration And Hope Ministries, Inc. (Name of Corporation) N10000009259 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Beverley Reid (Name of Person) Restoration And Hope Ministries, Inc. (Name of Firm/Company) 8019 Via Hacienda (Address) Palm Beach Gardens, Florida 33418 (City/State and Zip Code) For further information concerning this matter, please call: Beverley Reid Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: **Mailing Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Post Office Box 6327 Tallahassee, FL 32314

CR2E044(08/05)

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Esmine Samuels	, hereby resign as President	
	(Title)	
ofRestoration And Hope Ministr	ies, Inc.	
(Name	of Corporation)	
N1000009259 (Document Number, if known)	, a corporation organized under the laws of the State of	
FLORIDA	<u> </u>	
Edmin	Signature of resigning officer/director)	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314