

# 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N11000005150

**FILED**  
**Nov 08, 2013**  
**Secretary of State**

**Entity Name:** NEW HOPE COMMUNITY CHURCH SERVICES, INC.

**Current Principal Place of Business:**

2020 NE 163 STREET  
SUITE 205  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

2020 NE 163RD STREET  
SUITE 205  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

265 NW 129 STREET  
MIAMI, FL 33168

**New Mailing Address:**

2020 NE 163RD STREET  
SUITE 205  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 30-0687533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JEAN-JACQUES, JESULA  
265 NW 129 STREET  
MIAMI, FL 33168 US

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

LAFRANCE, JOCENY  
2020 NE 163 RD STREET  
SUITE 205  
NORTH MIAMI BEACH, FL 33162 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: JOCENY LAFRANCE

11/08/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: METAYER, ESTAGNE  
Address: 2020 NE 163 STREET, SUITE 205  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VP  
Name: JEAN JACQUES, JESULA  
Address: 2020 NE 163 STREET, SUITE 205  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: TREA  
Name: MEDARD, JOSEPH  
Address: 2020 NE 163 STREET, SUITE 205  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: SECR  
Name: JOSEPH, LIMOSE  
Address: 2020 NE 163 STREET, SUITE 205  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: P  
Name: LAFRANCE, JOCENY  
Address: 2020 NE 163RD STREET, SUITE 205  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: JOCENY LAFRANCE

P

11/08/2013

Electronic Signature of Signing Officer or Director

Date