


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N48649</b>		
1. Entity Name <b>THE HOPE CENTER FOUNDATION, INC.</b>		

Principal Place of Business <b>666 SW 4TH STREET MIAMI, FL 33130</b>	Mailing Address <b>666 SW 4TH STREET MIAMI, FL 33130</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
<b>PEREZ, MARIA C</b> <b>666 SW 4TH STREET</b> <b>MIAMI, FL 33130</b>	

7. Name and Address of New Registered Agent	
Name <u>Aileen Phelan</u> Street Address (P.O. Box Number is Not Acceptable) <u>666 SW 4th St</u> City <u>Miami</u> <b>FL</b> Zip Code <u>33130</u>	
8. 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. I am familiar with, and accept the obligation of registered agent. SIGNATURE <u>Aileen Phelan</u> <b>10/17/07</b> <small>Signature, typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	

<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2008, Fee will be \$297.50</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>SMITH, DAVID</b> STREET ADDRESS <b>5900 SW 73RD STREET # 300</b> CITY-ST-ZIP <b>MIAMI, FL 33143</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>300111206329</b> STREET ADDRESS <b>10/23/07--01024--020 **236.25</b> CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>BLANK, TONY</b> STREET ADDRESS <b>9350 S DIXIE HIGHWAY 900</b> CITY-ST-ZIP <b>MIAMI, FL 33156</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <b>S</b> <input type="checkbox"/> Delete NAME <b>GOTTLIEB, KAREN</b> STREET ADDRESS <b>PO BOX 1388</b> CITY-ST-ZIP <b>COCONUT GROVE, FL 33233</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>T</b> <input type="checkbox"/> Delete NAME <b>CAMPBELL, CLAY</b> STREET ADDRESS <b>9400 S DADELAND BLVD # 111</b> CITY-ST-ZIP <b>MIAMI, FL 33156</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <b>VP</b> <input checked="" type="checkbox"/> Delete NAME <b>ORCINOLO, SHAUN</b> STREET ADDRESS <b>150 PINE ISLAND RD # 210</b> CITY-ST-ZIP <b>PLANTATION, FL 333242667</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Mary Jo Francis (D)</b> STREET ADDRESS <b>SSO DE 53 St.</b> CITY-ST-ZIP <b>MIAMI FL 33137</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>SAMPERA, ARGELIA</b> STREET ADDRESS <b>1408 BRICKELL BAY DRIVE # 608</b> CITY-ST-ZIP <b>MIAMI, FL 33131</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Annette Franque (D)</b> STREET ADDRESS <b>Forrestal Capital</b> CITY-ST-ZIP <b>1221 Brickell Bay Dr Ste 1170 MIAMI FL 33131</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u>[Signature]</u> <b>10/16/07 3056483170</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10012007 REIN-NP CR2E099 (1/07)

4. FEI Number **65-0331601** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip Code **33130**

DATE

Make check payable to  
Florida Department of State

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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