2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 01, 2009
Secretary of State

DOCUMENT# P01000108015

Entity Name: SOUTH FLORIDA CENTER FOR H.O.P.E., INC.

Current Principal Place of Business:

1898H W. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

1898H W. HILLSBORO BLVD.
STE H
DEERFIELD BEACH, FL 33442

Current Mailing Address:

1898H W. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33442

New Mailing Address:

1898H W. HILLSBORO BLVD.
STE H
DEERFIELD BEACH, FL 33442

FEI Number: 65-1151693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAUFMAN, GARY
1898H WEST HILLSBORO BLVD
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

KAUFMAN, GARY
1898H WEST HILLSBORO BLVD
STE H
DEERFIELD BEACH, FL 33442 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: GARY KAUFMAN 11/01/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FINE, HOPE
Address: 1898H WEST HILLSBORO BLVD
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VSD ( ) Delete
Name: KAUFMAN, GARY
Address: 1898H WEST HILLSBORO BLVD
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY KAUFMAN VP 11/01/2009
Electronic Signature of Signing Officer or Director Date