

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000029818

FILED
Oct 29, 2008
Secretary of State

Entity Name: FAITH HOPE SERVICES, INC.

Current Principal Place of Business:

4140 STRATFORD WAY
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

4140 STRATFORD WAY
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 06-1808658 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROWE, SYBIL D
4140 STRATFORD WAY
JACKSONVILLE, FL 32225 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: SYBIL D. ROWE

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: P () Delete
Name: ROWE, SYBIL D
Address: 4140 STRATFORD WAY
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: SEC () Delete
Name: ROWE, WILLIAM J
Address: 4140 STRATFORD WAY
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: TREA () Delete
Name: MERRIWEATHER, CHRISTOPHER A
Address: 2839 SELAWICK LANE
City-St-Zip: JACKSONVILLE, FL 32218 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: THOMAS, CANDACE M
Address: 4140 STRATFORD WAY
City-St-Zip: JACKSONVILLE, FL 32225 US

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: SYBIL D. ROWE

Electronic Signature of Signing Officer or Director

OWNE

10/29/2008

Date