

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000069582

Entity Name: GOOD HOPE MANOR, INC.

FILED
Oct 17, 2006
Secretary of State

Current Principal Place of Business:

11406 CANYON MAPLE BLVD.
DAVIE, FL 33330

New Principal Place of Business:

11406 CANYON MAPLE BLVD.
DAVIE, FL 33330 US

Current Mailing Address:

11406 CANYON MAPLE BLVD.
DAVIE, FL 33330

New Mailing Address:

11406 CANYON MAPLE BLVD.
DAVIE, FL 33330 US

FEI Number: 65-0610366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAMUEL, CHERIAN
11406 CANYON MAPLE BLVD.
DAVIE, FL 33330 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: SAMUEL CHERIAN

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: DP () Delete
Name: SAMUEL, CHERIAN
Address: 10220 SOUTH WEST 20TH STREET
City-St-Zip: DAVIE, FL

Title: DVPS () Delete
Name: SAMUEL, SHIRLEY
Address: 10220 SOUTH WEST 20TH STREET
City-St-Zip: DAVIE, FL

Title: DT () Delete
Name: SAJAN, SAMUEL
Address: 10220 SW 20 ST
City-St-Zip: DAVIE, FL

Title: DVP () Delete
Name: SAMUEL, SHEEBA
Address: 10220 SW 20 ST
City-St-Zip: DAVIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: CHERIAN, SAMUEL
Address: 11406 CANYON MAPLE BLVD.
City-St-Zip: DAVIE, FL 33330 US

Title: MRS (X) Change () Addition
Name: SAMUEL, SHIRLEY
Address: 11406 CANYON MAPLE BLVD.
City-St-Zip: DAVIE, FL 33330 US

Title: MR (X) Change () Addition
Name: SAMUEL, SAJAN
Address: 11406 CANYON MAPLE BLVD.
City-St-Zip: DAVIE, FL 33330 US

Title: MS. (X) Change () Addition
Name: SAMUEL, SHEEBA
Address: 11406 CANYON MAPLE BLVD.
City-St-Zip: DAVIE, FL

I hereby certify that the information supplied with this filing does not qualify for the 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: SAMUEL CHERIAN

Electronic Signature of Signing Officer or Director

MR

10/17/2006

Date