

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000020728

Entity Name: HOPE RESOURCES INC.

FILED
Oct 27, 2007
Secretary of State

Current Principal Place of Business:

4888 FIGWOOD LN.
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

4808 FIGWOOD LANE
ORLANDO, FL 32808 US

New Mailing Address:

FEI Number: 59-3436849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CUMMINGS, JUDY
4808 FIGWOOD LANE
ORLANDO, FL 32808 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: JUDY CUMMINGS

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: CUMMINGS, CLARENCE SR.
Address: 7108 MANDARINE DR
City-St-Zip: ORLANDO, FL 32819

Title: V () Delete
Name: EDWARDS, LOVIE
Address: 5265 LETHA ST
City-St-Zip: ORLANDO, FL 32811

Title: T () Delete
Name: CUMMINGS, POLLY
Address: 7108 MANDARINE DR
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: CUMMINGS, JUDY
Address: 4808 FIGWOOD LANE
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: CUMMINGS, CLARENCE JR
Address: 4808 FIGWOOD LANE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: LOVIE EDWARDS

VP

10/27/2007

Electronic Signature of Signing Officer or Director

Date