

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 00 DEC 18 PM 4: 09
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **N99000004122**

1. Corporation Name
A MOTHER'S HOPE, INC.

Principal Place of Business
**3321 NORTH 41ST COURT
 HOLLYWOOD FL 33021**

Mailing Address
**3321 NORTH 41ST COURT
 HOLLYWOOD FL 33021**



REINSTATEMENT



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

07/02/1999

5. FEI Number

(EIN)

Applied For

65-0935672

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	Santiago Farias	29331 SW 147 Ave	Leesville city 33030
D	Ana Farias	29331 SW 147 Ave	Leesville city 33030
D	Peppie Tandhasseti	3321 No 41 CA Hollywood FL 33021	Hollywood FL 33021
			500003514855--5 -12/28/00--01004--023 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

**TANDHASETTI, PEPPIE
 3321 NORTH 41ST COURT
 HOLLYWOOD FL 33021**

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

CR2ED40 (800)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Peppie Tandhasseti* **SIGNATURE REQUIRED** Date 12-14-00
 REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Peppie Tandhasseti* **SIGNATURE REQUIRED** Date 12-14-00 Daytime Phone # **KE**