

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 29 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745070

1. Corporation Name

NEW HOPE INC. IN SOUTHWEST RANCHES

Principal Place of Business

13400 GRIFFIN RD
DAVIE FL 33330
US

Mailing Address

13400 GRIFFIN RD
DAVIE FL 33330
US

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

11/27/1978

5. FEI Number

59-1843522

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 02-03



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
STD	WALKER, GORDON	5424 NW 190 ST	MIAMI FL
ST	WALKER, GORDON	5424 NW 190 STREET	MIAMI FL
D	LIVELY, DAVID	19644 BOB-O-LINK	MIAMI FL
S	MCLABEN, YVONNE	9015 NW 54 PL	MIAMI FL
D	MOSS JR, LEDLY	7010 NW 186 ST	MIAMI FL 33015

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8. Name and Address of Current Registered Agent

LIVELY, DAVID R.
19644 BOB-O-LINK DR.
MIAMI-FL-33015

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

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. or 617.0505, F.S.

Signature of Registered Agent

David R. Lively
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 1-6-03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for 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:

David R. Lively
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-03

Date

Daytime Phone #

CR2ED40 (8/02)