

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 OCT 27 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 76566

1. Corporation Name

THE HOPE INSTITUTE INC.

Principal Place of Business

Mailing Address

840 Lake Catherine Drive
Maitland FL 32751

P.O. Box 522140
Langwood FL
32752-2140

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

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2311572

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Director	Caraway, Thomas L	1653 Algarquin Drive Maitland FL 32751	Maitland FL 32751
Director Treas.	Scherer, H. George	Upper French Hollow	Pondville, VT 05340
Director President	Scherer, Carlin W.	840 Lake Catherine Drive	Maitland FL 32751

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****132.25 ****132.25

10-2897

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Ryan, Michael A.
215 Nith Sola Drive
Orlando, FL 32802

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(j), 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:

Carlin W. Scherer

CARLIN W. SCHERER

10/25/97

Date

Daytime Phone #

407-539-1754

CR2040 (12/96)

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The Hope Institute, Inc.
840 Lake Catherine Drive
Maitland, FL 32751
Ph: 407-539-1754 Fax: 407-539-1945

October 25, 1997

To Whom it May Concern:

I am writing a letter with this application and am appealing to your office to help me correct an error that has been in place for two years.

First: I want The Hope Institute, Inc. reinstated as an active non-profit organization.

Second: I am requesting that the state release me from the large re-instatement fee for two reasons.

1. The Filing document was sent to the wrong address/wrong zip code for two years. If you will look at the enclosed copy (black ink copy) you will note that the mailing address has "Longwood FL 32752-9140." It should have read and been sent to Longwood FL 32752 -2140. The papers were never received.

As far as I knew, The Hope Institute was still in good standing with the state. When I went to reactivate the programs, I found that it had been dissolved or placed on an inactive status. I received no mail notifying me of this problem!!

2. As a very small non-profit organization, I am not currently in the position to pay these larger re-instatement fees. I would request that I be allowed to pay the \$61.75 for each year that I have not been registered with you, plus the \$8.75 for the certificate. A total of: \$132.25

I am formally requesting that the state forgive the re-instatement fees.

My work has been with families where there is alcoholism and addiction problems. In the last four years, I have not been active on a daily operating basis because I have returned to graduate school. I will be completing my PhD in women's studies. A focus of that study is women's recovery from alcoholism. I graduate in January and will re-activate my work through The Hope Institute after graduation. Because of this study period (and the tuition payments), the income level of The Hope Institute does not provide the available dollars to pay the large reinstatement fees.

I appreciate your consideration of this request. Enclosed please find a check for \$132.25. I will await your answer as to being forgiven the re-instatement fees. I will be in Vermont until November 12th, returning to the above address on that date.

Sincerely,

Carlin W. Scherer
Carlin W. Scherer, Pres.