

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 29 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **766650**

1. Corporation Name

FAITH - HOPE - LOVE FOUNDATION, INC.

Principal Place of Business

Mailing Address

2301 N.W. 95TH STREET
MIAMI FL 33147

2301 N.W. 95TH STREET
MIAMI FL 33147



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/17/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2527884

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
TD	YOUNG, ELVA	2301 NW 95TH STREET	MIAMI FL
PD	ALBURY, JAMES H.	2301 NW 95TH ST.	MIAMI FL 33147
D	GRANT, ZERONIE N	8430 EAST DIXIE HIGHWAY	MIAMI FL 33138
MD-T	Jenkins, Ladi	8840 N.W. 23 rd Ave	Miami FL 33147
PD	Albury, James H.	2301 N.W. 95 th St.	Miami FL 33147
VP	Barrington Gayle	2512 Cleveland St.	Hollywood FL 33090

8. Name and Address of Current Registered Agent

COBB, ERNEST
3362 NW 151 TERRACE
OPA LOCKA FL 33054

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

700025818107

Suite, Apt. #, Etc.

12/25/03 - 01057 - 011 **245.00

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

Ernest J. Cobb

REGISTERED AGENT MUST SIGN

Date

11/20/03

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)(l), 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:

Ladi Jenkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/03 (305) 691-5151

Date

Daytime Phone #

CR2E040 (7/03)