

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION'  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 SEP 21 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000000144

1. Corporation Name

BROTHERHOOD OF HOPE, INC

REINSTATEMENT 03-06

2. Principal Office Address

194 Summer Street

3. Mailing Office Address

194 Summer Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Somerville, Ma

City & State

Somerville, MA

Zip

02143

Country

USA

Zip

02143

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/08/1996

5. FEI Number

22-2596127

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

PEARSON, MICHAEL

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

Intersection of Woodward & W. Tennessee St

Suite, Apt. #, Etc.

St. Thomas More Co-Cathedral

City

TALLAHASSEE

State

FL

Zip Code

32316

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

9/20/2004

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTR	J. Rahl Bunsu	194 Summer Street	Somerville, MA 02143
VTR	Samuel T. Gunn	194 Summer Street	Somerville, MA 02143
STR	Paul D. Helfrich	194 Summer Street	Somerville, MA 02143
TTR	Stephen A. Quense	2302 W. Mission Road	Tallahassee, FL

10. 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 contained in Chapter 119, 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:

PAUL D. HELFRICH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/06

Date

(617) 623-9592

Daytime Phone #