

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LOT000106703

1. Limited Liability Company's Name

Beacon of Hope, LLC

2. Principal Office Address - No P.O. Box #

1400 Russell Ave

Suite, Apt. #, etc.

City & State

Eustis FL

Zip

32726

Country

Lake

3. Mailing Office Address

P.O. Box 763

Suite, Apt. #, etc.

Mount Dora

City & State

Mount Dora, FL

Zip

32757

Country

Lake

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

10/02/07

6. FEI Number

01-0883980

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Claressia Daniels

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

1400 Russell Ave

Suite, Apt. #, Etc.

City

Eustis

State

FL

Zip Code

32726

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Claressia Daniels

Date 05/20/10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Daniels, Claressia	P.O. Box 763	Mount Dora, FL
			32757
			S. HAWKES
			JUN 04 2010
			EXAMINER
	REINSTATEMENT 2008-2010		

11. E-mail Address: cwddh@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Claressia Daniel

Date 05/20/10

Daytime Phone #

352 321 2931

Typed or printed name of signing Managing Member/Manager