APPROVE
AND

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

01 JUL 30 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #**  L 99 000 00 1066

**1.** Limited Liability Company's Name

A Place Called Hope Transportation, LC

REINSTATEMENT 2000-2001

| **2.** Principal Office Address | **3.** Mailing Office Address | |
|---|---|---|
| 16601 NW 8th Ave | 16601 NW 8th Ave | **4.** State/Country of Formation: FL |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | **5.** Date Organized or Qualified To Do Business in Florida – |
| City & State: Miami, FL | City & State: Miami, FL | **6.** FEI Number 65-0896953 — Applied For / Not Applicable |
| Zip 33169 — Country USA | Zip 33169 — Country USA | **7.** CERTIFICATE OF STATUS DESIRED ☑ — $5.00 Additional Fee required for a Certificate of Status |

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

Name: Duane Swilley Ministries, Inc.

Street Address (P.O. Box Number is Not Acceptable): 16601 NW 8th Ave

Suite, Apt. #, Etc.

| City | State | Zip Code |
|---|---|---|
| Miami | FL | 33169 |

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****205.00   ****205.00

**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 _____ (ZIEBARTH)   REGISTERED AGENT MUST SIGN   Date 7/15/01

**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 |
|---|---|---|---|
| MGRM | Duane Swilley Ministries | 16601 NW 8th Ave | Miami, FL 33169 |
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**11.** 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 _____   Date 7/15/01   Daytime Phone # 305-620-0060

Typed or printed name of signing Managing Member/Manager  DUANE SWILLEY

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