

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY  
COMPANY



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 28 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 99000001066

1. Limited Liability Company's Name

A Place Called Hope Transportation, L.L.C.

L99000001066

500013551765  
03/05/03--01058--031 \*\*100.00

2. Principal Office Address

1001 IVES DAIRY RD

3. Mailing Office Address

PO BOX 693994

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33179

Country

USA

Zip

33269

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

2/25/1999

6. FEI Number

650896953

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

The Law Office of Craig M. Dorne, P.A.

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

407 Lincoln Road

Suite, Apt. #, Etc.

Penthouse Southeast

City

Miami Beach

State

FL

Zip Code

33139

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

*Craig M. Dorne*  
Craig M. Dorne, President

Date 2/5/03

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
MGRM	Dorne Smiley Ministries, Inc.	1001 IVES DAIRY RD #206	MIAMI FL 33179

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

*W. Dorne Smiley*

Date 2-5-03

Daytime Phone # 305-652-3900

Typed or printed name of signing Managing Member/Manager

W. Dorne Smiley as Agent of Dorne Smiley Ministries, Inc.

CR2E041 (10/02)

**L 99000001066**  
**Law Office of**  
**Craig M. Dorne, P.A.**

February 28, 2003

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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RE: Reinstatement of A Place Called Hope transportation, L.C.

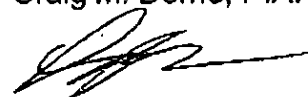
To whom it may concern:

The undersigned is requesting the waiver of the penalty for reinstatement of the above corporation as the annual report for last year was not received by the company. The company is a subsidiary of a not-for-profit Florida corporation. Enclose herewith are the reinstatement papers.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

The Law Offices of  
Craig M. Dorne, P.A.



Craig M. Dorne, Esq.  
For the Firm

CMD/ig  
Enclosure

