

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 17 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N000000001022

1. Corporation Name

Finding Alternatives That Initiate And Transform Hope, Inc.

W10-6571

000168343760
02/17/10--01006--023 **61.25

000168343760
02/09/10--01025--005 **315.00
CB2E081 (11/09)

REINSTATEMENT 05-10

2. Principal Office Address - No P.O. Box #
1629 S. E. Hawthorne RD

3. Mailing Office Address
1629 S.E. Hawthorne RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State
Gainesville, FL

City & State
Gainesville, FL

Zip
32641

Country
United States

Zip
32641

Country
United States

4. Date Incorporated or Qualified
To Do Business in Florida 02/10/2000

5. FEI Number
593627366

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
Davenport, Ruby

Street Address (P.O. Box Number is Not Acceptable)
126 N.E. 40th PL.

Suite, Apt. #, Etc.
N/A

City
Gainesville,

State
FL

Zip Code
32609

The 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 reinstatement fee be waived.

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

Ruby Davenport
REGISTERED AGENT MUST SIGN

Date 02/08/2010

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
D	Quarles, Thomas	2225 N.E. 8th Ave.	Gainesville, FL. 32669
T	Brown, Lynetta	15 N.E. 39th PL.	Gainesville, FL. 32609
S	Kelsey, Kimberly	4121 N.E. 15th St. Apt. 16	Gainesville, FL. 32609

10. E-mail Address: faithtabernaclm@bellsouth.net

(To be used for future annual report notification)

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. I further certify; 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:

Ruby Davenport
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/2010 352-494-5362

Date Daytime Phone #