

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JAN -8 PH 3:43

DOCUMENT # N00000002486

1. Corporation Name

FOUNTAIN OF HOPE INC - ~~DBA ACTS WORLD RELIEF~~

700163978987  
12/28/09--01039--008 \*\*300.00

**REINSTATEMENT** 08-09

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

600 CITRUS AVE

Suite, Apt. #, etc.

STE 200

City & State

FORT PIERCE, FL

Zip

34950

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4/10/2000

5. FEI Number

59-3715468

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID CANTHER

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

34153 DONNA VISTA PL

Suite, Apt. #, Etc

City

EUSTIS

State

FL

Zip Code

32736

☒ 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

REGISTERED AGENT MUST SIGN

Date X Dec. 23, 2009

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
P	DAVID CANTHER	34153 DONNA VISTA PL	EUSTIS, FL 32736
VP	SHERRI CANTHER	34153 DONNA VISTA PL	EUSTIS, FL 32736
D	BOB HIRSCHI	PO BOX 845	CLEVELAND, GA 30528
D	MARCIA TROTT	111 QUITMAN POINTE	CHESNEE, SC 29323

10. E-mail Address:

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #