

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 83



300023768193
10/14/03--01002--027 **236.25

DOCUMENT # N00000002486

1. Corporation Name

FOUNTAIN OF HOPE, INC.

Principal Place of Business

119 N. CENTER ST.
EUSTIS FL 32726

Mailing Address

119 N. CENTER ST.
EUSTIS FL 32726

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3715468

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CANTHER, DAVID	9285 SILVER LAKE DR	LEESBURG FL 34788
D	COE, MICHAEL	8012 PINE HOLLOW DR	MT DORA FL 32757
D	AUDAIN, FED	19214 SALTS DALE RD	UMATILLA FL 32784

8. Name and Address of Current Registered Agent

AUDAIN, FED
119 N CENTER ST.
EUSTIS FL 32726

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

10/8/03

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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 #

10/21/03

352
483
7820

CR2E040 (7/03)