

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 17 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 00000005970

1. Corporation Name

Hope Center for Teens, Inc.

800010199448
01/17/03--01060--013 **122.50

2. Principal Office Address 2650 Tinoso Circle Suite, Apt. #, etc. City & State Pensacola Zip 32526 Country USA		3. Mailing Office Address PO BOX 19024 Suite, Apt. #, etc. City & State Pensacola Zip 32523 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 9-5-2000	
5. FEI Number 59-3673772	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> Additional Fee Required <input type="checkbox"/>	

7. Name and Address of Current Registered Agent

Name Joella Galvan	
Street Address (P.O. Box Number is Not Acceptable) 2650 Tinoso Circle	
Suite, Apt. #, Etc.	
City Pensacola	State FL Zip Code 32526

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

Joella Galvan
REGISTERED AGENT MUST SIGN

Date 1/14/03

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
Chair	Honor Bell	250 Dallas Street	Pensacola, FI 32508
Vice	Donna Potts	1295 West Fairfield Drive	Pensacola, FI 32501
D	Kim Grant	8333 North Davis Highway	Pensacola, FI 32514
D	Kim Spears	11000 University Parkway	Pensacola, FI 32514
D	Rebekkah Birch	37 American Court	Pensacola, FI 32506

10. 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

Joella Galvan - Executive Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/2003

Daytime Phone #

850 255-4673

CR2081 (10/02)

gs 1/22

PO BOX 19024
PENSACOLA, FLORIDA 32523
(850) 255-4673

Hope Center for Teens, Inc.

January 14, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: FEI # 59-3673772

To Whom It May Concern:

We would like to reinstate our corporation and have the fee waived due to the fact that we did not receive the renewal packet to file our UBR last year. Please accept our apologies for the delay and reinstate our corporation with the statement attached.

Sincerely,



Joella Galvan
Program Director
Registered Agent

\$ 61.25 for 2002
\$ 61.25 for 2003

\$ 122.50 - Total