

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 JUL 11 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO00000006254
1. Corporation Name Community Hope INC.

Document # NO00000006254

2. Principal Office Address 1166 N.W. 103rd STREET
Suite, Apt. #, etc.

City & State
MIAMI FL.

Zip 33150 Country US America

3. Mailing Office Address P.O. BOX 2331 N.W. 119th St.
Suite, Apt. #, etc.

City & State
MIAMI FL.

Zip 33167 Country U.S. America

REINSTATEMENT 02-06

4. Date Incorporated or Qualified To Do Business in Florida JUNE 8 000

5. FEI Number 651044637
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 Leroy Smith JR.
Street Address (P.O. Box Number is Not Acceptable) 2331 N.W. 119th STREET Bldg 3-305
Suite, Apt. #, Etc. Bldg 3-305
City MIAMI State FL Zip Code 33167

SP

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 Leroy Smith Jr.
REGISTERED AGENT MUST SIGN

Date 5-30-06

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
President	<u>Leroy Smith JR.</u>	<u>2331 N.W. 119th St. Bldg 3-305</u>	<u>MIAMI FL. 33167</u>
Secretary	<u>D Valencia Marie Morris, MPH</u>	<u>2331 N.W. 119th St. Bldg 3-305</u>	<u>MIAMI, FL 33167</u>
	<u>T FRANCES GAFFER</u>	<u>2331 N.W. 119th St. Bldg 3-305</u>	<u>MIAMI FL. 33167</u>

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: Leroy Smith Jr. Leroy Smith JR. 5-30-06 305-687-2251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP25081 (01/04)

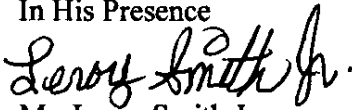
May 30, 2006

Community Hope Inc., is requesting a fee to be waived, because we did not receive our reinstatement forms for 2002. Our registered Agent is Mr. Leroy Smith Jr.

We are sending a money order in the amount of \$ 306.25 reinstatement fee and \$8.75 for certificate of status, which bring the total amount to \$315.00

Document/Ref. N00000006254

In His Presence


Mr. Leroy Smith Jr.