

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JAN 25 AM 11: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0000006254

1. Corporation Name

Community Hope Enterprises, Inc.

2. Principal Office Address - No P.O. Box #
18350 N.W. 2nd Avenue

3. Mailing Office Address
Post Office Box

Suite, Apt. #, etc.
616

Suite, Apt. #, etc.
680342

City & State
Miami Gardens, Florida

City & State
Miami Florida

Zip
33169

Country
Dade

Zip
33168

Country
Dade

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida ☐

SEPember 19, 2000

5. FEI Number

65-1044637

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)
18350 N.W. 2nd Avenue

Suite, Apt. #, Etc.
616

City
Miami Gardens.

State	Zip Code
FL	33169

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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 JANUARY 23, 2012

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/S	Leroy Smith Jr.	P.O. Box 680342	Miami Florida 33168
D/M	Belinda Zeglier	P.O. Box 680342	Miami Florida 33168
D/T	Bismark Omane	P. O. Box 680342	Miami Florida 33168
	STATEMEN	69-12	JAN 25 2012 T. SCOTT

10. **E-mail Address:** Apostleleroy@yahoo.com

(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., and 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. I am aware that false information submitted on this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

305-491-3424