PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 21 AM 11:41

DOCUMENT # N01000008895

REINSTATEMENT 03-04

1. Corporation Name
HOPE CENTER INTERNATIONAL MINISTRIES, INC.

2. Principal Office Address	3. Mailing Office Address
5717 36th AVE. So.	5717 36th AVE. So.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FLORIDA	City & State: TAMPA, Florida
Zip: 33619 Country: U.S.A.	Zip: 33619 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 12/20/2001

5. FEI Number: 311809388 ☐ 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: AMARO LAMAR

Street Address (P.O. Box Number is Not Acceptable): 209 E. CLUSTER AVE

900041221405
09/21/04--01066--002 **12.50

Suite, Apt. #, Etc.:

City: TAMPA State: FL Zip Code: 33604

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: Amaro Lamar Date: 9/16/04
REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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	RANDY S. DEAN, SR.	8432 QUARTER HORSE DR.	RIVERVIEW, FL 33569
D	SHERRY B. DEAN	8432 QUARTER HORSE DR.	RIVERVIEW, FL 33569
D	AMARO LAMAR	209 E CLUSTER AVE	TAMPA, FL 33604
D	TINA LAMAR	209 E. CLUSTER AVE	TAMPA, FL 33604
D	JIMMY WHIGHAM	1921 REDBRIDGE DR	BRANDON, FL 33511
D	ROSILND WHIGHAM	1921 RED BRIDGE DR.	BRANDON, FL 33511

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: Randy S. Dean RANDY S. DEAN, SR. (813) 630-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #