1072

PLEASE READ ALL INSTRUCTIONS BEFORE CO

APPROVED AND FILED

05 MAR 23 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT# N02000000111

1. Corporation Name TRINITY HOUSE of HOPE NETWORKING MINISTRIES "HELP CENTER "HOMELESS HOUSING (TRANSITIONAL) REFERRAL TRANSPORT & SHARING SUPPORT GROUP INC. .GOV.

REINSTATEMENT 03-05

MRD

2. Principal Office Address		3. Mailing Office Address	
2006 Valencia Ave		SAME	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State Ft. PIERCE FLA.		City & State SAME	
Zip 34946	Country St. Lucie	Zip SAME	Country St Lucie

4. Date Incorporated or Qualified To Do Business in Florida 2001

5. FEI Number N/A — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED X — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Michael J. BARRON SR. - PRESIDENT / FOUNDER

Street Address (P.O. Box Number is Not Acceptable): 2006 VALENCIA AVE

600049946166
04/05/05--01092--006 **188.75

Suite, Apt. #, Etc.: N/A

600049946166
04/05/05--01092--007 **88.75

City: Ft. PIERCE FLA. 34946 — State: FL — Zip Code: 34946

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: Mike J. Barron SR. — Date: 3-16-05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
D	MABLE BARRON (DIRECTOR)	2006 Valencia Ave	Ft. PIERCE FLA. 34946
A	ARLINDA BARRON (ACCTN)	1302 N. 24th St.	Ft. Pierce FLA. 34950
A	Treshondrea BARRON Advisor	1902 Ave M	Ft. Pierce FLA. 34950
BM	Cameron Cordrey BARRON Boardmember	1302 N. 24th St.	Ft. PIERCE FLA. 34950
P/F	Michael J. Barron Sr.	2006 Valencia Ave	Ft. Pierce, FL 34946

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: Michael J. BARRON SR. / Mike J. Barron SR. 3-16-05 (772) 466-7721 1-800-4-Help-ME OR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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SUBJECT: Reinstatement of NON PROFIT/NOT FOR PROFIT STATUS!

OVER

RE: TRINITY HOUSE of HOPE NETWORKING MINISTRIES "HELP CENTER" & Homeless (TRANSITION) Housing REFERRAL TRANSPORT AGENCY & SHARING GROUPS INC. .GOV/NON PROFITS

To whom it may concern and significant others! Please be advised, per your request this written document is forwarded To you in Hopes, As we pray JESUS - that it is His and your will that our COORPORATION be GRANTED to PROCEED with our GOD GIVEN ASSIGNment And our desparately needed community service. OUR REQUEST IS FOR, AND OR To BE Reinstated And to HAVE the PENALTY, the Result of our ~~ORIGINAL~~ NON Reciept of the 1st NOR 2nd NOTICE RE: 2003, 4, OR 2005 ANNUAL REPORT FORM. Please be pleased to WAIVE $175.00 penalty And Recieve $183.75 REINSTATEMENT FEE.

P/S NOTE: We would very much like ANY purdenent info To Help upgrade & revise our service towards effectiveness: includ-

PS GOD BLESS & Blessed THANK YOU - very much in advance Mike J. Brown Sr!