## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FOR Secretary of State  REINSTATEMENT  FLORIDA DEPARTMENT OF STATE  Glenda E. Hood  Secretary of State  DIVISION OF CORPORATIONS							FILED		
DOCUMENT # N0200007752  1. Corporation Name							07 JUL 13 AM 11: 32		
A POCKETFUL OF H.O.P.E. FOUNDATION, INC.							T.	SECKETARY OF STATE TALLAHASSEE, FLORI <b>DA</b>	
Principal Place of Business Mailing Address									
1901 SAN ANTONIO DRIVE PALM CITY FL 34990			1901 SAN ANTONIO DRIVE PALM CITY FL 34990						
If above a	iddresses are	incorrect in any way, line thr	ouah incorrect ir	nformation a	nd enter o	correction below.	REII	NSTATEMENTO	
		Address, If Applicable	New Mailing Office Address, If Applicable				Date Incorporated or Qualified     To Do Business in Florida		
Suite, Apt. #, etc.  City & State			Suite, Apt. #, etc.  City & State				10/08/2002  5. FEI Number  Applied For		
Zip		Country	Zip		Country	'	6. CERTIFICATE	Not Applicabl  \$8.75 Additional Fee requir  for a Certificate of Status	
7. Names a	and Street Ad	ddresses of Each Officer and	or Director (Flo	rida nonprof	it corpora	tions must list at lea	ast 3 directors)		
Title(s)					Street Address of Each Officer and/or Director			City / State / Zip	
P/7/0/e/BELLINO, CYNTHIA				1901 SAN ANTONIO DRIVE				PALM CITY FL 34990	
<u>.</u>	r							,	
BS/V NIXON, VICTORIA				1898 SW LOFGREN AE				PORT ST. LUCIE FL 34953	
•	ŀ					20 07/13/	00106084352 -0701057020 **420.00		
							20 07/13/	00106084352 40701057021 **10.00	
Name and Address of Current Registered Agent     Name							9. Name and	Address of New Registered Agent	
· · · · · · · · · · · · · · · · · · ·						P.O. Box Number	r is Not Acceptable)		
1901 SAN ANTONIO DRIVE PALM CITY FL 34990 Suite, Apt. #, Et									
						City		State Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ot							bligations of Secti	tion 607,0505, F.S. or 617,0505, F.S.	
Signature o Registered	of /	Typichia (	Bella EGISTERED AC	1				Date 5/22/07	
this rein	nstatement ap	oplication, the reason for diss	olution has beer	eliminated,	the corpo	rate name satisfies	the requirements	napter 607 or 617, F.S. I further certify that when filing is of section 607.0401 or 617.0401, F.S., that all fees inder section 119.07(3)(i), F.S. The information Indicate	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR