

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 14 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000008473**

1. Corporation Name

**LIGHT AND HOPE FOUNDATION, INC.**

Principal Place of Business

714 SE 17 STREET  
FT LAUDERDALE FL 33316

Mailing Address

714 SE 17 STREET  
FT LAUDERDALE FL 33316

*Handwritten initials*



**REINSTATEMENT 2003**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/01/2002

5. FEI Number

30-0128488

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BEFELD, ROBERT F	714 SE 17 ST	FT LAUDERDALE FL 33316
D	LEWARK, NORA	791 N PINE ISLAND ROAD #105	PLANTATION FL 33324
D	KENNISTON, DON	1851 S OCEAN DR	FT LAUDERDALE FL 33316

600023791746  
10/14/03 01053-002 \*\*236.25

8. Name and Address of Current Registered Agent

BEFELD, ROBERT F  
714 SE 17 STREET  
FT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Handwritten signature: R. Befeld*

REGISTERED AGENT MUST SIGN

Date

10 Feb 2003

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:

*Handwritten signature: R. Befeld*  
ROBERT F. BEFELD

Robert F. Befeld

Date

954-467-8000  
Daytime Phone #

CR2E040 (7/03)