2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000002944 FII.ED 1. Entity Name POCKETS OF HOPE, INC. 05 MAY 31 PM 1:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 8983 OKEECHOBEE BLVD SUITE 202, PMB 138 8983 OKEECHOBEE BLVD SUITE 202, PMB 138 WEST PALM BEACH, FL 33411 WEST PALM BEACH, FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05272005 REIN-NP CR2E099 (6/04) City & State City & State 4. FEI Number Applied For <u>55-0</u>855 198 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLAISE, KETLY 8983 OKEECHOBEE BLVD SUITE 202 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 33411 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 5-21-05 SIGNATURE 🚄 ne of registered agent and title if applicable. (NOTE: Registered Agent signature regulred when reinstating) In accordance with s. 607.193(2)(b), F.S., the Make check payable to FILE NOW!!! FEE IS \$122.50 corporation did not receive the prior notice. Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CD TITLE ☐ Delete TITLE Channe ☐ Addition GENECE, RICHARD NAME NAME 7235 GUIDER DRIVE UNIT #117 STREET ADDRESS STREET ADDRESS WOODBURY, MN 55125 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GENECE, MICHELLE NAME 200055518562 05/31/05--01028--004 **122.50 STREET ADDRESS 52 SOUTH PORTLAND AVENUE, GARDEN APARTMENT STREET ADDRESS BROOKLYN, NY 11217 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition SAUTIER, VLADIMIR NAME NAME 17359 NW 66TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33015 CITY-ST-ZIP ☐ Delete ☐ Change Addition BLAISE, KETLY NAME NAME 2671 PYES HARBOUR STREET ADDRESS STREET ADDRESS CITY-57-ZIP WEST PALM BEACH, FL 33411 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Ketly Blaise, ID SIGNATURE:

-May 27,-2005:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Pockets of Hope, Inc.

N03000002944

To Whom It May Concern:

On behalf of the above non-profit organization, I hereby avow that we **did not** receive Annual Filing Reports for the years 2004 or 2005 and therefore request a waiver of the reinstatement fee. We just received a "Notice of Intent to Dissolve" at the beginning of **this** week and therefore, submit herewith the Reinstatement Form along with the \$122.50 filing fee.

Please advise as to the next steps. In appreciation of your consideration in this matter, I remain

Sincerely,

Ketly Blaise, Treasurer/Director

8983 Okeechobee Blvd. Suite 202, PMB 138

West Palm Beach, FL 33411

(561) 792-6939

(561) 792-7229 (fax)