

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 17 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000003228

1. Corporation Name

NEW HOPE FOUNDATION, INC.

2. Principal Office Address - No P.O. Box #

1320 S. Adams St.

Suite, Apt. #, etc.

City & State

Tallahassee

Zip

32301

Country

Leon/USA

3. Mailing Office Address

1320 S. Adams Street

Suite, Apt. #, etc.

City & State

FL

Zip

32301

Country

USA/Leon

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/2003

5. FEI Number

☒ 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 Jennifer E. Williams

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

1611 Pepper Drive

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32304

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 02/17/09

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	Lorenzo Rutledge	5525 Westview Lane	Tallahassee, FL 32310
Vice-President	Nickie Rutledge	5525 Westview Lane	Tallahassee, FL 32310
Secretary	Jennifer Williams	1611 Pepper Drive	Tallahassee, FL 32304
Treasurer	Amanda House	1611 Pepper Drive	Tallahassee, FL 32304

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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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

2/17/09

Date

(850) 575-8964

Daytime Phone #