

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 AUG -1 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 703000004565

1. Corporation Name  
Haven of Hope, Inc.

REINSTATEMENT 04.05

2. Principal Office Address <u>3930 Kenas St.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>3930 Kenas St.</u> Suite, Apt. #, etc.	
City & State <u>Lake Park Fl.</u>		City & State <u>Lake Park Fl.</u>	
Zip <u>33403</u>	Country <u>Florida U.S.</u>	Zip <u>33403</u>	Country <u>Florida U.S.</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>5/21/03</u>
5. FEI Number _____ Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Claudette E. Cooke

Street Address (P.O. Box Number is Not Acceptable)  
3930 Kenas St.

Suite, Apt. #, Etc. ~~Post Office~~

City Lake Park Florida State FL Zip Code 33403

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 Claudette Cooke Date 6/30/05

REGISTERED AGENT MUST SIGN

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
0	<u>Claudette Cooke</u>	<u>3930 Kenas St.</u>	<u>Lake Park Fl, 33403</u>

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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 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: Claudette Cooke Date 6/30/05 Daytime Phone # (561)627-4126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (07/05)