PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	Secretary of State		FILED 2008 MAY 16 AM 8: 49			
DOCUMENT # 103000010039 1. Corporation Name Hope Therapy, Inc			SECKLIARA DE STATE TALLAHASSEE, FLORIDA			
2. Principal Office Address - No P.O. Box # 1591 BIG Branch Ny Suite, Apt. #. & 11dd/cbvg FL	591 Big Branch Not Same or. #, Middle Burg Fi Suite, Apt. #, etc.			200129578142 REINSON ***490.00		
32067 City & State MIDDLEBUNG EL	DLEBONG EL		4. Date incorporated or Qualified To Do Business in Florida // // // // // // // // // // // // //			
Zip Country SA	Zip	Country	6.	S8.75 A	dditional Fee required Certificate of Status	
Name Rebecca Dalvenport Street Artrinese (P.O. Rov Niumber is Not Amentable) 1/59/1/3/5/Branch Rd Critic Ant # Etc. State 32068				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 Signature of Registered Agent Reference Registered Agent Reference Registered Registered Registered Registered Registered Registered Registered Registered Register		orr/L	oligations of section	on 607.0505 or 617.0503, F.S. Date 5/12/08	,	
9. Names and Street Addresses of Each Officer and	Vor Director (Florida nonprof	fit corporations must list at lea	ast 3 directors)			
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / 2	íip	
DP Davenport, Reb	Davenport, Rebecca 1591 Big Brance		3 Rel	Middleburg F	-23 VOG	
DV Davenport, Car	0/ 1591	BigBrand	Rel	Meddlebus 2		
DTS Davenport Mar.		BigBranch		Middleburg F		
10. I certify that I am an officer or director or the receithis reinstatement application, the reason for dissowed by the corporation have been paid and the on this application is true and accurate, and my si	olution has been eliminated, names of individuats listed or	, the corporate name satisfies on this form do not qualify for a	the requirements an exemption com	of section 607.0401 or 617.0401.	F.S., that all fees	

SIGNATURE: Personal Superport
SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR

HOPE THERAPY, INC. Rebecca Davenport 1591 Middleburg, FL 32068

February 20, 2008

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

Re: Request for waiver of Non-Profit reinstatement fee Hope Therapy, Inc., Document #N03000010039

Gentlemen:

We are a very small, very low-budget, home-based charitable group (mother and daughter) who, after coming home from our regular jobs, use horses to help teach kids with Cerebral Palsy, Multiple Sclerosis, Traumatic Brain Injury, Downs Syndrome, Autism, etc. learn to manage their lives more successfully.

As such, we are not very sophisticated in the ways of required clerical work such as reporting. We are not aware of having received prior Notices of Renewal, and respectfully request that you waive the reinstatement fee.

On behalf of the children, I thank you.

HOPE THERAPY, INC.

Rebecca Davenport, Resident Agent

Rebecca Davenport, OTRK