

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2010 APR 22 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **NO 4000003647**

1. Corporation Name

**Hope Foundation of  
South Florida, Inc**

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

**145 NW 45 ST**

3. Mailing Office Address

**P.O. Box 640585**

Suite, Apt. #, etc.

**MIAMI FL 33127**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI Florida**

Zip

**33127**

Country

**DADE**

Zip

**33164**

Country

**U.S.**

100176892571  
04/21/10--01029--006 \*\*\*315.00

CR2E081 (12/08)

06-10

4. Date Incorporated or Qualified  
To Do Business in Florida

**4/12/04**

5. FEI Number

**200999260**

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

**Brian Grant**

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

**145 NW 45 ST**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33127**

☒ 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.

**REINSTATEMENT**

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

**Brian Grant**

Date **10/26/09**

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
Pres	Brian Grant	145 NW 45 ST MIAMI FL 33162	MIAMI, FL 33162
V-Pres	Alana Grant	424 NW 16258 MIAMI FL 33162	MIAMI, FL 33162
CEO	Andre McCloud	960 NW 180th Terr	MIAMI, FL 33169
Secy	Angela Wilson	7959 NW 10th	MIAMI FL 33150
Treas	Angela Wilson	7959 NW 10th	MIAMI FL 33150

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:

**Brian Grant**  
**Alana Grant**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/26/09**

Date

**786-290-0653**

Daytime Phone #