

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

N04000006507

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 NOV 26 PM 3:35

RECEIVED: DEPT. OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N04000006507

1. Corporation Name

A Ray of Hope, Inc.

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

5779 Woodruff Way

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33812

Country

US

3. Mailing Office Address

5779 Woodruff Way

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33812

Country

US

200242084052
11/26/12--01013--033 **297.50

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

July 1, 2004

5. FEI Number

20-1358906

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

Alonzo Williams Jr., Ph.D.

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

5779 Woodruff Way

Suite, Apt. #, Etc.

City

Lakeland,

State

FL

Zip Code

33812

*Reinstate:
2011-2012
JC
11-30-12*

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

Alonzo Williams Jr., Ph.D.
REGISTERED AGENT MUST SIGN

Date 11/20/12

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
P/S/T	Alonzo Williams Jr., Ph.D.	5779 Woodruff Way	Lakeland, Florida 33812
D	Fredrick Brutton	1601 E. Ohio Street	Plant City, Florida 33563
D	Miriam Wilson	2115 Morgan Wieland Lane Apt. # 201	Lakeland, Florida 33813
D	Kimberly Johnson	4710 Dawn Meadow Court N.	Plant City, Florida 33566

10. E-mail Address: awilliams141@tampabay.rr.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Alonzo Williams Jr., Ph.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alonzo Williams Jr., Ph.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/20/12

863 651-1942
Business Phone #