

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000008648

1. Corporation Name

Hope In Diversity, INC

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

140 Glendale Street

Suite, Apt. #, etc.

#150

City & State

Lakeland

Zip

33803

Country

Polk

3. Mailing Office Address

140 Glendale Street

Suite, Apt. #, etc.

#150

City & State

Lakeland

Zip

33803

Country

Polk

4. Date Incorporated or Qualified
To Do Business in Florida

9/03/2004

5. FEI Number
20-1616155Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lee Steele

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

140 Glendale Street

Suite, Apt. #, Etc.

#150

City

Lakeland

State

FL

Zip Code

33803

☒ 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

Date 7/02/2008

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	Lee Steele	140 Glendale Street # 150	Lakeland, Florida 33803
VP	Daniel Lewis	140 Glendale Street # 150	Lakeland, Florida 33803
S/T	Trudy Burnette	1214 Jaffa Street	Lakeland, Florida 33801
CPO	David Szalanski	5094 Ctrl. Sarasota Pkwy. # 201	Sarasota, Florida 34238

600132233126
07/03/08--01035--001 **183.75

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:

Lee Steele

7/02/2008

863-248-2624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lee Steele, President
Hope In Diversity, Inc
140 Glendale Street # 150
Lakeland, Florida 33803
863-248-2624

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

July 2, 2008

Dear Sir/Madaam;

Please find enclosed the completed form needed for reinstatement of our 501C3 organization.

I have, according to form instructions, checked the box requesting reinstatement fees be waived as I did not receive any notices concerning annual reporting. Through investigation, this morning, I discovered that we have been held in inactive status for several months. I do not quite understand how this happened. We are a new organization and I ask for your patience while we endure the learning process.

I am enclosing a check/money order for \$183.75. This amount is for the annual reporting fees for years 2006, 2007 and 2008. I humbly ask that the \$175.00 reinstatement fee be waived at this time.

Please feel free to contact me if more information is needed.

Sincerely,

A handwritten signature in black ink, appearing to read "Lee Steele", written over the word "Sincerely,".

Lee Steele, President
Hope In Diversity--