

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC 17 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N05000007762**

1. Corporation Name

HOPE IN ACTION, INC

REINSTATEMENT

2. Principal Office Address - No P.O. Box #
7501 NW 4TH ST

3. Mailing Office Address
PO BOX 15275

Suite, Apt. #, etc.
212B

Suite, Apt. #, etc.

City & State
PLANTATION, FL

City & State
PLANTATION, FL 33318

Zip
33317

Country
USA

Zip
33318

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
20-3507567

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
DWIGHT WALKER

Street Address (P.O. Box Number is Not Acceptable)
7501 NW 4TH ST

Suite, Apt. #, Etc.
212B

City
PLANTATION,

State
FL

Zip Code
33317

☒ 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 **12/15/07**

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
P	DENISE INGRAM	7501 NW 4TH ST	PLANTATION, FL 33317
D	DENNIS WALKER	7501 NW 4TH ST	PLANTATION, FL 33317
D	DWIGHT WALKER	7501 NW 4TH ST	PLANTATION, FL 33317

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/14/07

Daytime Phone #

954-822-2481

12/18/07