

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 FEB 15 AM 8:54

DOCUMENT #

1. Corporation Name

Hope and Healing Corp.
N 0700000 2572

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2024 FEB 15 AM 8:54

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08/11/23--01008--016 **787.50

CR2E081 (11/10)

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

1502 Buckeye Rd NE

Suite, Apt. #, etc.

#5

3. Mailing Office Address

P.O. BOX 1066

Suite, Apt. #, etc.

City & State

Winter Haven FL

Zip

33881

Country

USA

City & State

Auburndale FL 33823

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/2007

5. FEI Number

22-3956089

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 Gewanda J. Parker

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

3762 Fiano Dr.

Suite, Apt. #, Etc.

City Port Orange

State

FL

Zip Code

32129

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7/30/2023

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
CEO	Gewanda Parker	3761 S. NOVA Road Suite	Port Orange FL
P	Donna Camp	P PMB 1001	32129
CFD	A. VAKA O. Watkins	"	"
TR	Januiah Johnson	"	"
S	Monique Whitaker	"	"
		"	"

10. E-mail Address:

(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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/23

Date

863-585-9729

Daytime Phone #