

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 10. PM 2:27

DOCUMENT #N08000000696

1. Corporation Name

Christopher's Hope Services for
Special Needs, Inc.

000181270680
06/10/10--01026--001 **61.25

000181270680
05/24/10--01044--014 **245.00

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

2029 North Third Street
Suite, Apt. #, etc.

3. Mailing Office Address

2029 North Third Street
Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

Zip

32250

Country

US

City & State

Jacksonville Beach, FL

Zip

32250

Country

US

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1/25/2008

5. FEI Number

26-1878780

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

Warren K. Anderson, Jr.

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

2029 North Third Street

Suite, Apt. #, Etc.

City

Jacksonville Beach

State

FL

Zip Code

32250

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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

WKAJ

REGISTERED AGENT MUST SIGN

Date 5/19/10

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	Tobi Ann Livingston	"	"
VP	Warren K. Anderson, Jr.	"	"

B 6/11/10
REINSTATEMENT 09-10

10. E-mail Address: Tobiann.Livingston@gmail.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., 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.

SIGNATURE:

Tobi Ann Livingston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/10

Date

904-392
6765
Daytime Phone #