

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

13 FEB 26 PM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N100000003718

1. Corporation Name

HOPE 4 MIA.COM, INC  
W13-5337

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

19 West Flagler St.

Suite, Apt. #, etc.

# 416

City & State

Miami, Florida

Zip

33130

Country

USA

3. Mailing Office Address

7460 SW 141 St

Suite, Apt. #, etc.

City & State

Palmetto Bay, FL

Zip

33158

Country

USA

CR2E081 (11/13)

4. Date Incorporated or Qualified  
To Do Business in Florida

4-13-10

5. FEE NUMBER

46-1806270

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

James B. Miller

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

19 West Flagler Street

Suite, Apt. #, etc.

# 416

City

Miami

State

FL

Zip Code

33130

100243895521

02/26/13--01004--004 \*\*113.75

100243895521

01/22/13--01049--009 \*\*245.00

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 12-30-12

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	James B. Miller	19 West Flagler St. #416	Miami, FL 33130
V	Randy D. Miller	6701 High Grove Dr.	Lakeland, FL 33813
S	Ilene Munoz	13402 SW 118 PL	Miami, FL 33186

10. E-mail Address: jbm@title.law.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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/12

Date

805-992-0863

Daytime Phone #

305-374-0200

Williams FEB 27 2013