

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Silver Lining of Hope Foundation, 1nc. N10000004913

2. Principal Office Address - No P.O. Box #
1834 - 49th Street S

Suite, Apt. #, etc.

STE B

City & State

St. Petersburg, FL.

Zip

33707

Country

USA

3. Mailing Office Address

1834 - 49th Street S

Suite, Apt. #, etc.

STE B

City & State

St. Petersburg, FL.

Zip

33707

Country

USA

300259097603
04/16/14--01004--005 ***420.00
CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
05 / 18 / 2010

5. FET Number

27-2790978

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

IFE DAVIS

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

1834 - 49th Street S

Suite, Apt. #, Etc.

STE B

City

St. Petersburg

State

FL

Zip Code

33707

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

REGISTERED AGENT MUST SIGN

Date

4/7/14

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	IFE DAVIS- D	1834 - 49th Street S STE B	St. Petersburg, FL. 33707
T	TONYA GARDINER - D	619 - Kingston Street S	St. Petersburg, FL. 33707
S	JANICE LEWIS- D	202 - 54th Place South	St. Petersburg, FL. 33707

10. E-mail Address: silverliningbeautyandhairloss@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., 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:

IFE DAVIS
Signature and Printed Name of Director

4/7/14
Date

727-328-2623
Daytime RH #