

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


1052

**FILED**

17 SEP 22 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**  
2016-2017



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

100303774761

**DOCUMENT # N12000007883**

1. Corporation Name  
A Little Hope Foundation, Inc.

2. Principal Office Address - No P.O. Box # c/o Samuel F. McKay		3. Mailing Office Address 75 Network Drive	
Suite, Apt. #, etc. 4440 Riverwatch Dr. , Unit 201		Suite, Apt. #, etc.	
City & State Bonita Springs, FL		City & State Burlington, MA	
Zip 34134	Country USA	Zip 01803	Country USA

CR2R081 (11/10)

4. Date Incorporated or Qualified To Do Business In Florida 8/14/2012

5. FEI Number 46-0787800  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  
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32301

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 *Roxanne Turner* Roxanne Turner Asst. Vice President Date 9/22/2017

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P/S	Louis Hernandez, Jr.	455 Winding Brook Drive	Glastonbury, CT 06033
D/T	Samuel F. McKay	4440 Riverwatch Dr. , Unit 201	Bonita Springs, FL 34134
D	Emma Lerew, EdD	1533 N. Corona Avenue	Ontario, CA 94764
D	Paul Frumkin, III	1533 N. Corona Avenue	Ontario, CA 94764

10. E-mail Address: lhernandez@blackdragoncap.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 corporation's 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: *Louis Hernandez, Jr.* Louis Hernandez, Jr., President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 9/24/17 Daytime Phone #

K. ASHTON

2052

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 831374 4311639  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$306.25

ORDER DATE : September 22, 2017  
ORDER TIME : 12:38 PM  
ORDER NO. : 831374-005  
CUSTOMER NO: 4311639

SEP 22 PM 1:30

DOMESTIC FILINGS

NAME: A LITTLE HOPE FOUNDATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XXX CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - Ext#

EXAMINER'S INITIALS \_\_\_\_\_