

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17131

1. Corporation Name

INTERNATIONAL HOPE INC.

Principal Place of Business

C/O DAVID E. BAUMGARDNER
4559 JULES ST
WEST PALM BEACH FL 33415

Mailing Address

C/O DAVID E. BAUMGARDNER
4559 JULES ST
WEST PALM BEACH FL 33415

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

13365 Doubletree Cit.
City & State
West Palm Beach, FL

Suite, Apt. #, etc.

13365 Doubletree Cit.
City & State
West Palm Beach, FL

Zip

33414 Country USA

Zip

33414 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

10/07/1986

5. FEI Number

65-0049616

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BAUMGARDNER, DAVID E.	225 NO MILITARY TR	W. PALM BEACH FL
D	BAUMGARDNER, BEBE	225 NO MILITARY TR	W. PALM BEACH FL
D	TALERICO, PAT	15323 69TH DR. N.	PALM BCH GARDENS FL

100002382781-8
-12/24/97-01093-017
****236.25 ****236.25

8. Name and Address of Current Registered Agent

BAUMGARDNER, DAVID E
225 NO MILITARY TR
W PALM BCH FL 33415

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

Date

11/30/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on Intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

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

Date

Daytime Phone #

561-790-4378

11/30/97

REINSTATEMENT *[Signature]*



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

CR2E040 (8/97)