

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 DEC 31 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N35139

1. Corporation Name

ALL PEOPLE MIN. OF HOPE INC

2. Principal Office Address

2631 JAMMES RD

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 7157

Suite, Apt. #, etc.

City & State

JAX FLA.

City & State

ORANGE PARK FLA.

Zip

32210

Country

DUVAL

Zip

32073

Country

CLAY

**REINSTATEMENT** 92-03

4. Date Incorporated or Qualified  
To Do Business in Florida

11/13/89

5. FEI Number

59-3911364

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

GREGORY K. GRANT

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

3270 CHIMNEY DR

Suite, Apt. #, Etc.

City

Middleburg

State  
**FL**

Zip Code

32068

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

Gregory K. Grant

REGISTERED AGENT MUST SIGN

Date 12/31/03

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	GREGORY K GRANT SR	3270 Chimney DR	Mib. FLA. 32068
T	GREGORY K. GRANT JR	139 Hollis DR.	D.P. FLA. 32073
VD	PATRICIA A. GRANT	3270 Chimney DR	M.b. FLA. 32068
			300025903773
			12/31/03-01063-004 **745.00

10. 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:

GREGORY K GRANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/03

Date

(904) 509-4499

Daytime Phone #

CR2E081 (10/02)

To whom it may concern,

I did not receive I STATEMENT  
For 1992 ADDRESS change so I didn't receive  
Report know.

G. L.