PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 SEP 11 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38759

1. Corporation Name
TRUTH, RESPONSIBILITY, UNITY, TRAINING, HOPE + SUCCESS, INC.

REINSTATEMENT 95-01

2. Principal Office Address	3. Mailing Office Address
5600 N. FLAGLER DR. #703 WEST PALM BEACH, FL 33407	5600 N. Flagler Dr. #703 West Palm Beach, Fl 33407

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0203714 ☐ 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: BENNIE L. HERRING II
600004617586--9
-10/01/01--01030-033
****104.00 ****04.00

Street Address (P.O. Box Number is Not Acceptable): 5600 N. FLAGLER DR.
600004617586--9
-10/01/01--01030-034
****500.00 ****00.00

Suite, Apt. #, Etc.: #703

City: WEST PALM BEACH | State: FL | Zip Code: 33407

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 9/4/2001

CR2E061 (9/00)

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
EXECUTIVE DIRECTOR	BENNIE L. HERRING II	5600 N. Flagler Dr. #703	WEST PALM BEACH, FL 33407
VICE D PRESIDENT	FRANCES N. Coffield	1600 42nd St West Palm Beach, Fl 33407	
SEC. D	Alison Minto	1017 STATE St WEST PALM BEACH, FL 33407	

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
9/4/2001 Date
(561) 844-6721 Daytime Phone #