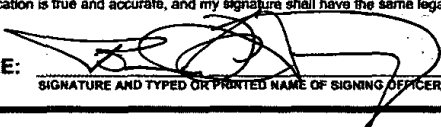


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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.					
2. Principal Office Address 5600 N. FLAGLER DR. Suite, Apt. #, etc. #703 City & State WEST PALM BEACH, FL Zip 33407 Country USA		3. Mailing Office Address 5600 N. FLAGLER DR. Suite, Apt. #, etc. #703 City & State WEST PALM BEACH, FL Zip 33407 Country USA		REINSTATEMENT 95-01	
4. Date Incorporated or Qualified To Do Business in Florida				5. FEI Number 65-0203714	
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status				Applied For Not Applicable	
7. Name and Address of Current Registered Agent					
Name BENNIE L. HERRING II		600004617588--9 -10/01/01--01030--033 *****104.00 *****04.00			
Street Address (P.O. Box Number is Not Acceptable) 5600 N. FLAGLER DR. Suite, Apt. #, Etc. #703 City WEST PALM BEACH		600004617588--9 -10/01/01--01030--034 *****500.00 *****00.00			
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  Date <u>9/4/2001</u> REGISTERED AGENT MUST SIGN					
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		
VICED PRESIDENT	FRANKES N. COLFIELD	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: 		9/4/2001 (561) 844-6721 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR22081 (9/00)