

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N38759**

1. Corporation Name

TRUTH, RESPONSIBILITY, UNITY, TRAINING, HOPE & SUCCESS, INC.

Principal Place of Business

**5600 N. FLAGLER DRIVE
SUITE 703
WEST PALM BEACH FL 33407
US**

Mailing Address

**5600 N. FLAGLER DRIVE
SUITE 703
WEST PALM BEACH FL 33407
US**

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/1990

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
ED	HERRING, BENNIE L II	5600 N. FLAGLER DRIVE	WEST PALM BEACH FL 33407
VD	COFFIELD, FRANCES N	1600 42ND STREET	WEST PALM BEACH FL 33407
SD	MINTO, ALISON	1017 STATE STREET	WEST PALM BEACH FL 33407

8. Name and Address of Current Registered Agent

**HERRING, BENNIE L III
5600 N. FLAGLER DRIVE
SUITE 703
WEST PALM BEACH FL 33407**

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

1/23/2003

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561 801-5119

**T.R.U.T.H.S., INC.
TRUTH, RESPONSIBILITY, UNITY TRAINING, HOPE &
SUCCESS, INC.**

5600 N. FLAGLER DRIVE SUITE 703

WEST PALM BEACH, FL 33407

(561)844-6721

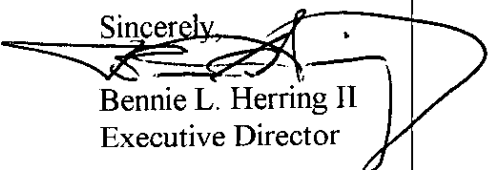
January 23, 2003

To Whom It May Concern,

My records indicate that I have not received any communication from your office prior to receiving the dissolution notice. I am submitting the forms along with \$122.50 as instructed by your office.

Thank you for your consideration.

Sincerely,



Bennie L. Herring II
Executive Director