Sent By: [illegible] 3/8 [illegible] Oct 4 [illegible]

CAPITAL CONNECTION 850 222 1222 09/27 '99 14:24 NO.332 02/03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 18 AM 10:09

DOCUMENT # N48649

1. Corporation Name

THE HOPE CENTER FOUNDATION, INC.

Principal Place of Business	Mailing Address
666 S.W. 4th Street Miami, FL 33130	

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

REINSTATEMENT 98-95

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: 4/30/1992

5. FEI Number: 65-033160] ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

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
D	Dale Austin	18155 S.E. Village Center	Tequesta, FL 33469
D	Marshall Ader	7717 N. Bayshore Dr. #2656	Miami, FL 3312[illegible]
S/D	Tony Blank	9350 S. Dixie Hwy #900	Miami, FL 3315[illegible]
D	Theodore R. Nelson	1135 Kane Concouse	Bay Harbour Island, FL

[illegible]
-10/25/99--01127--009
****297.50 ****297.50

8. Name and Address of Current Registered Agent

Dale Austin
18155 S.E. Village Circle
Tequesta, FL 33469-1728

9. Name and Address of New Registered Agent

Name: Andrew B. Hellinger
Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd.
Suite, Apt. #, etc.: 2350
City: Miami
State: FL Zip Code: 33131

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] REGISTERED AGENT MUST SIGN Date: 10/14/99

11. This corporation owes 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] October 6, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

297.50

LAW OFFICES
MISHAN, SLOTO, GREENBERG, HELLINGER & UDOLF
A PROFESSIONAL ASSOCIATION
FIRST UNION FINANCIAL CENTER • SUITE 2350
200 SOUTH BISCAYNE BOULEVARD
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TELEPHONE (305) 379-1792
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STEVEN MISHAN
JAMES R. SLOTO
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CAROL COX BERK
DARA J. COLLINS
ALAN M. BURGER
ANA C. HARRIS
STEVEN J. SOLOMON
CORALEE G. PENABAD

October 15, 1999

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: The Hope Center Foundation, Inc.
Our File No. M96.001

To The Reader:

Enclosed is the fully-executed Application for Reinstatement for the above-referenced entity, as well as check no. 3235 in the amount of $297.50, representing the reinstatement fees.

Very truly yours,

Laura L. Guilbeau
Paralegal

Encl.

F:\DATA\HOPE\REINSTAT.LTR