

PLEASE READ ALL INSTRUCTIONS BEFORE C

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 01 1996 8:00 am
Secretary of State

DOCUMENT # **N93000000454**

1. Corporation Name

A PLACE CALLED HOPE, INC.

Principal Place of Business

Mailing Address

8931 SW 20 ST
MIAMI FL 33165

8931 SW 20 ST
MIAMI FL 33165

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

01/29/1993

5. FEI Number

65-0390270

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)

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	VALDES, JUAN CARLOS	8931 SW 20TH ST.	MIAMI FL
D	VALDES, HIDALGO	8931 SW 20 ST	MIAMI FL 33165
D	PERAZA, MIGUEL A	2523 SW 99TH PLACE	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VALDES, JUAN C
8931 SW 20 ST.
MIAMI FL 33165

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/25/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (7/96)

A PLACE CALLED HOPE

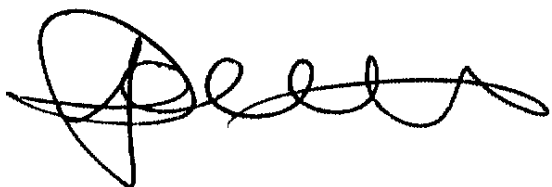
9-24-96

ATT.: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

TO WHOM IT MAY CONCERN

BACK IN APRIL I SENT THE REQUIRED FEES TO RENEW THE CORPORATION FOR 1996, SINCE I HAVE BEEN TRAVELING EXTENSIVELY I OVERLOOKED THE FACT THAT I NEVER RECEIVED A CONFIRMATION. I SPOKE TO THE REINSTATEMENT DEPARTMENT ON FRIDAY AND EXPLAINED THE SITUATION AND THEY ASKED ME TO RE SEND THE \$61.25 FEE ALONG WITH THIS LETTER.

I THANK YOU BEFOREHAND FOR YOUR ASSISTANCE IN CORRECTING THIS MATTER.

A handwritten signature in black ink, appearing to read 'J.C. Valdes', with a stylized, cursive script.

J.C. VALDES