

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 13 PM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000454

1. Corporation Name

A PLACE CALLED HOPE, INC.

Principal Place of Business

13876 SW 56TH STREET
SUITE 289
MIAMI FL 33175

Mailing Address

13876 SW 56TH STREET
SUITE 289
MIAMI FL 33175

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VALDES, JUAN CARLOS	15050 SW 45 TERR	MIAMI FL 33185
D	PERAZA, MIGUEL A	2523 SW 99TH PLACE	MIAMI FL 33165
D	VALDES, J. L.	545 STONE HAVEN DRIVE	FAYETTEVILLE GA 30215

8. Name and Address of Current Registered Agent

J C VALDES
15050 SW 45 TERR
MIAMI FL 33185

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

10/24/02

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

J. C. VALDES

Date

Daytime Phone #

10/24/02

305-221-5500

CR2E040 (8/02)



Disaster Restoration/
Construction Services

ServiceMaster Professional
Restoration Services
7350 NW 7th Street #106
Miami, FL 33126
305/221-5900
305/269-0433
Fax: 305/221-0213
Fax: 305/269-5153
E-mail: smprow@bellsouth.net



A Quality Restoration Vendor

June 12, 2002

*Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327*

To Whom It May Concern:

We sent the Annual Report with the appropriate fees for these two corporations in April. Unfortunately it was not received and per our conversation with your office, we are re-submitting the annual reports, asking that these two corporations be updated.

Thank-You,

A handwritten signature in black ink, appearing to read "JC Valdes", with a long horizontal line extending to the right.

*JC Valdes
Registered Agent*



An independent business
licensed to serve you
by ServiceMaster Clean