

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 -6 PM 5:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001784

1. Corporation Name

CHILD HOPE, INC.

Principal Place of Business

7700 W 20 AVE
SUITE A
HIALEAH FL 33016-1859
US

Mailing Address

7700 W 20 AVE
SUITE A
HIALEAH FL 33016-1859
US

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

1550 Madruga Avenue

Suite, Apt. #, etc.

Suite 331

City & State

Coral Gables, Florida

Zip

33146

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

04/11/1994

5. FEI Number

65-0486169

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
P/D	DELOACH, DAN	1101 SWAN AVENUE	MIAMI SPRINGS FL 33166
ED	BROWN, GEORGE M	7764 WEST 16TH AVE.	HIALEAH FL 12
D	CAMPBELL, THOMAS	17801 NW 22ND AVE	OPA LOCKA FL 33056
TD	SCHULZ, JOHNNY	2921 N 66 AVE	HOLLYWOOD FL
SD	OSMAN, MICHAEL L.	15820 TURNBERRY DR.	MIAMI LAKES FL
M	Mitchell, Keith A.	1550 Madruga Ave. Suite 331	Coral Gables, Florida 33146

8. Name and Address of Current Registered Agent

OSMAN, L M
1474-A WEST 84TH ST.
HIALEAH FL 33014-3363

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

8000008834568
11/06/02--01115--004 **236.25

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~~
MICHAEL L. OSMAN
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~~
L. MICHAEL OSMAN
DIRECTOR

Date

10/25/02

Daytime Phone #

305-827-9492

CR2E040 (8/02)