

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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TALLAH

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000005811

1. Corporation Name

HOPE WORLDWIDE - FLORIDA, INC.

2. Principal Office Address  
301 E. Pine Street

3. Mailing Office Address  
P.O. Box 3068

Suite, Apt. #, etc.  
Suite 1400

Suite, Apt. #, etc.

City & State  
Orlando, FL

City & State  
Orlando, FL

Zip  
32801

Country  
USA

Zip  
32802-3068

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 1/28/1994

5. FEI Number  
59-3284296

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name  
William A. Boyles

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

Suite, Apt. #, Etc.  
Suite 1400

City  
Orlando

State  
FL

Zip Code  
32801

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*William A. Boyles*

Date 04-03-06

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Thomas Briscoe	353 W. Lancaster Avenue	Wayne, PA 19087
D/V	Randolph Jordan	353 W. Lancaster Avenue	Wayne, PA 19087
D/S/T	Jan Jordan	353 W. Lancaster Avenue	Wayne, PA 19087

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10. 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 contained in Chapter 119, 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:

*Randolph Jordan*

Randolph Jordan, Vice President

3/15/06

610-254-8800

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #