

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

98 NOV 30 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006232

1. Corporation Name

LIVING WITH HOPE MINISTRIES, INC.

Principal Place of Business

11762 NORTH KENDALL DRIVE, STE. 7
MIAMI FL 33186

Mailing Address

11762 NORTH KENDALL DRIVE, STE. 7
MIAMI FL 33186

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.

15526 SW 111 Ter

City & State

Miami, Florida

Zip

33196

Country

USA

3. New Mailing Office Address, If Applicable

P.O. Box 835571

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33283

Country

U.S.A

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4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1994

5. FEI Number

65-0543170

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
PD	MONOKIAN, MELISSA J	11762 NORTH KENDALL DRIVE, STE.	MIAMI FL
D	DIXON, DIXIE D	ROUTE 2 BOX 44 KEEFER ROAD	CORINTH KE
D	STUART, JENNIFER	6921 SW 127 CT	MIAMI FL
			100002703291--0
			-12/04/98--01067--007
			****236.25 ****236.25

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Melissa Monokian

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

15526 SW 111 Ter

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33196

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 REQUIRED

(REGISTERED AGENT MUST SIGN)

Date 11/23/98

11. This corporation owes or has paid 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 REQUIRED
Melissa Monokian

11/23/98

(305) 380-0730

Date

Daytime Phone #

(305) 417-3823

CR2E040 (9/98)