

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 JAN -6 AM 7:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005701

1. Corporation Name

HOPE FOR THE CHILDREN OF THE AMERICAS, INC.

Principal Place of Business

Mailing Address

~~9601 S.E. OCEAN BLVD.~~ 1501 N.E. OCEAN BLVD. 3601 S.E. OCEAN BLVD.  
SUITE 001 #5 SUITE 001  
STUART FL 34996 SUITE 001  
STUART FL 34996



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

REINSTATEMENT

1996 1-7-97

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/04/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	FRANKLIN, CHRISTOPHER J	3747 SW BRASSIE WAY	PALM CITY FL 34990
<del>D</del>	<del>FRANKLIN, DAVID M</del> Delete	<del>3747 SW BRASSIE WAY</del> Delete	<del>PALM CITY FL 34990</del> Delete
D	FRANKLIN, VERONICA	1501 NE OCEAN BLVD.	STUART FL 34996
D	FRANKLIN, ROCKWELL J	1501 NE OCEAN BLVD.	STUART FL 34996
D	FERRARO, FRANK	4 KINGSTON COURT	STUART FL 34996
D	FRANKLIN, GREGORY T	2168 SE HARRISON	STUART FL 34997

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERRARO, FRANK A

3601 S.E. OCEAN BLVD.

SUITE 001

STUART FL 34996

Name

ROCKWELL J. FRANKLIN

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

1501 N.E. OCEAN BLVD #5

Suite, Apt. #, Etc.

City

STUART FL

State

FL

Zip Code

34996

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]*  
REGISTERED AGENT MUST SIGN

Date

12/30/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

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]* ROCKWELL J. FRANKLIN

11/15/96

(561) 287-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/96)