

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

98 APR -6 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005701

1. Corporation Name

HOPE FOR THE CHILDREN OF THE AMERICAS, INC.

Principal Place of Business

1501 NE OCEAN BLVD.
#5
STUART FL 34996

Mailing Address

1501 NE OCEAN BLVD.
#5
STUART FL 34996

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

2. New Principal Office Address, If Applicable

2168 SE HARRISON
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2168 SE HARRISON
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business In Florida

12/04/1995

5. FEI Number

65-0629348

Applied For

Not Applicable

City & State

STUART FL 34997

City & State

STUART FL 34997

Zip

Country

USA

Zip

Country

USA

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	FRANKLIN, CHRISTOPHER J	3747 SW BRASSIE WAY	PALM CITY FL 34990
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
			500002483105--0
			-04/08/98--01106--014
			****297.50 ****297.50

8. Name and Address of Current Registered Agent

FRANKLIN, ROCKWELL J
1501 NE OCEAN BLVD.
#5
STUART FL 34996

9. Name and Address of New Registered Agent

Name

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

2168 SE HARRISON
Suite, Apt. #, Etc.

City

STUART FL

State

Zip Code

FL 34997

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 3/9/98

11. This corporation owes or has paid the current year **DOES NOT OWE**
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/98 (561) 225-0007

CR2040 (8/97)