

501(c)(3) IRS Approved Charity

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 FEB -2 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000 640

1. Corporation Name

The Help Our People Endure
Farm Foundation, Inc d/b/a The Hope
Farm Foundation

2. Principal Office Address - No P.O. Box #

20960 59th Lane N.

Suite, Apt. #, etc.

City & State

Loxahatchee

Zip

33470

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

33470

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/1996

5. FEI Number

65-0694163

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

JAMES W. MORRIS, SR.

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

20960 59th Lane N.

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

Please !! I have been
in hospital 6-8 times
over last 4 yrs
up to 2 1/2 months
at the time

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

JAMES W. MORRIS, SR. CED
REGISTERED AGENT MUST SIGN

Date 1/13/09

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	JAMES W. MORRIS, SR	20960 59th Lane N.	Loxahatchee, FL 33470
D	ANA E. MORRIS	"	"
D	ANA L. MORRIS	"	"
D	JAMES W. MORRIS, JR	79-30th Street Apt. E-2	New Port News VA 23607
D	Joseph H. MORRIS II	"	New Port News VA 23607

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. MORRIS, SR.

Date

1/13/09 (561) 784-3640

Daytime Phone #

*Please advise status

2/4/09