


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; justify-content: space-around; align-items: center;"><div style="text-align: center;">CORPORATION STATEMENT 2004</div><div style="text-align: center;"></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="text-align: center;">04 AUG 23 AM 9:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
DOCUMENT # N97000000038			
1. Corporation Name <div style="font-size: 1.5em; margin-top: 10px;">There's Hope, Incorporated</div>			
2. Principal Office Address 9156 Silver Glen Way <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address P.O. Box 6312 <small>Suite, Apt. #, etc.</small>	
City & State Lake Worth, Florida		City & State Lake Worth, Florida	
Zip 33467	Country USA	Zip 33461	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 12/30/1996		5. FEI Number 65-0716067	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
<div style="display: flex; justify-content: space-between;"><div>Name Deborah Graham</div><div>700040541217</div></div> <div style="display: flex; justify-content: space-between;"><div>Street Address (P.O. Box Number is Not Acceptable) 9156 Silver Glen Way</div><div>08/27/04--01003--001 **\$2.00</div></div> <div style="display: flex; justify-content: space-between;"><div>Suite, Apt. #, Etc.</div><div></div></div> <div style="display: flex; justify-content: space-between;"><div>City Lake Worth</div><div>State FL</div><div>Zip Code 33467</div></div>			
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.			
<div style="display: flex; justify-content: space-between;"><div>Signature of Registered Agent Deborah Graham</div><div>Date 8-1-04</div></div> <div style="text-align: center; margin-top: 5px;"><small>REGISTERED AGENT MUST SIGN</small></div>			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
<small>Titles</small>	<small>Name of Officers and/or Directors</small>	<small>Street Address of Each Officer and/or Director</small>	<small>City / State / Zip</small>
PO	Graham, Deborah	9156 Silver Glen Way	Lake Worth, FI 33467
TD	Price, Angela	4230 NW 21 st Street #247	Lauderhill, FI 33313
VD	Graham, James	9156 Silver Glen Way	Lake Worth, FI 33467
S	Hines, Gussie	520 SW 28 th Drive	Ft. Lauderdale, FI 33312
Dm	Hill, Tonya	275 Kansas Ave	Ft. Lauderdale, FI 33312
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 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.			
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE: Deborah Graham</div><div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Deborah Graham</div><div>Date 8-1-04</div><div>Daytime Phone # 954-245-1272</div></div>			

CR2E081 (01/04)