

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 15 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001596

1. Entity Name
OPERATION H.O.P.E. COMMUNITY OUTREACH, INC.



Principal Place of Business
9730 NW 20TH AVE
MIAMI, FL 33147

Mailing Address
9730 N W 20TH AVENUE
MIAMI, FL 33147 US

REINSTATEMENT 09



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11012004 REIN-NP

CR2E099 (6/04)

4. FEI Number
65-0762429

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, TINA
9730 NW 20TH AVE
MIAMI, FL 33147

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SCOTT, SELWYN
STREET ADDRESS 2085 NW 97TH ST
CITY-ST-ZIP MIAMI, FL 33147

TITLE ☐ Change ☐ Addition
NAME 900042755839
STREET ADDRESS 11/15/04--01076--007 **245.00
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME MONTGOMERY, ARNOLD
STREET ADDRESS 8870 SW 24 PLACE
CITY-ST-ZIP MIRIMAR, FL 33025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ID ☒ Delete
NAME MOORE, TINA
STREET ADDRESS 2275 NW 156 ST
CITY-ST-ZIP MIAMI, FL 33054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #