

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 30 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000005277**

1. Corporation Name

*Last Hope Community Counseling
Service, Inc.*

2. Principal Office Address

1563 Fiddlewood Ct

Suite, Apt. #, etc.

3. Mailing Office Address

*P.O. Box
Same 211072*

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

Zip

33411

Country

City & State

Royal Palm Beach, FL

Zip

33421

Country

REINSTATEMENT *09-05*

CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/27/2003

5. FEI Number

65-0748427

☐ 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

Deidra King

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

1563 Fiddlewood Court

Suite, Apt. #, Etc.

City

Royal Palm Beach

State

FL

Zip Code

33411

100061788171

*11/30/05--01024--002 **257.50*

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/17/2005

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
PD	<i>Deidra King</i>	<i>1563 Fiddlewood Ct</i>	<i>Royal Palm Beach, FL 33411</i>
S	<i>Moore, Marilyn</i>	<i>12504 Royal Palm Blvd</i>	<i>Royal Palm Bch, FL 33411</i>
TD	<i>Bullard, Lizzie</i>	<i>3960 NW 120th Way</i>	<i>Surprise, FL 33411</i>
D	<i>Walker, Samuel</i>	<i>1890 NW 38th Ave</i>	<i>Land O Lakes, FL 33311</i>
D	<i>Kelly, Jennifer</i>	<i>5707 45th St</i>	<i>WPB, FL 33407</i>
D	<i>Perce, Elaine</i>	<i>Sandcastle Road</i>	<i>Baynton Beach, FL 33415</i>

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.

SIGNATURE:

[Signature] (DEIDRA KING)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/2005

Daytime Phone #

(361) 765-2602-4008