

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 JUL -6 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 097000007186

1. Corporation Name New Life / Hope Corp.

2. Principal Office Address

143 Bedford Rd.
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Port St. Lucie FL
Zip 34953 Country St. Lucie

City & State

Zip Country

REINSTATEMENT

98-00

4. Date Incorporated or Qualified
To Do Business in Florida

12/97

5. FEI Number

65-0868200

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

Johnson AL

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

1502 Delaware AVE.

Suite, Apt. #, Etc.

FL

City

Ft. Pierce

State

FL

Zip Code

34950

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 6/1/00

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
Pres	Chavita E. LeSane	143 Bedford Rd	Port St. Lucie FL 34953
V.D	Saveeta Jamal Dirai	"	"
STD	William McDannals	"	"

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****463.75 ****358.75

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)(f), 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] Chavita E. LeSane 6/1/00 361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 252-0675

CR2E081 (9/99)