PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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		cher Street	MOLOO Mailing Offic P.O. B Suite, Apt. #, etc	Box 5	347 537 (0		00051 -03/27/1 ****18/	.70433 0201004- 4.00 ****	33 -005 184.00
City & State	ywox	Country 11SA	City & State TIOCI Zip 3308	da =	ywood Intry ISA		To Do Busin	ness in Florida	2 0	Applied For Not Applicable- milificacceptified accordistatus
7. Name and Address of Current Registered Agent										
Name Tocelyn Joseph Street Address (P.O. Box Number is Not Acceptable) 5738 Fletcher Street Suite, Apt. #, Etc. City 1										
8. I, being appointed the registered agent of the above named corporation. Imprimiliar with and accept the obligations of section 607.0505 or 617.0503, F.S.										
Signature of Registered /		pulyl	GISTERED AGEN	NT MUST SIGN	N			Date	2/10/8	2
9. Names	and Street A	ddresses of Each Officer and	d/or Director (Flori	da nonprofit co	rporations mus	st list at le	east 3 directors)			
Titles	/n	Name of Officers and/or Directors			Street Address Officer and/or			Mal	City / State / Zip	
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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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Page Word

Greater Hope Family Service Inc.

5738 Fletcher Street Hollywood, Fl.33023 (954) 965-8784

Secretary of State, Div. Have Corporation P.O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern,

I am submitting this letter to request the penalty be waived for the reinstatement of my company. The company named above previously held the address 14901 s.w. 4th street suite 11 in Pembroke Pines Florida. The company was experiencing difficulty with the landlord and was forced to relocate. Initially, we were our mail was being withheld from us by the landlord. When we did get mail from the landlord, the mail had been so late in getting to us that many of our business mail had already been expired. However, in all the mail we did receive there was never any mail from the Division of Corporations. It is unfortunate for that Greater Hope Family Service had to suffer in the interim of the problems that we experienced with the landlord. However, we would appreciate your consideration in this matter if you would grant us this waiver to have the company reinstated. Enclosed is a money order for \$ 183.75 to cover the cost of the reinstatement if the waiver is granted.

Thank you in advance.

Sincerely,

Tocelyn Joseph President