

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 28 PM 4:00

DOCUMENT # N99000002316

1. Corporation Name

HOPE FOR LIFE, INC.

Principal Place of Business

103 WEST NEBRASKA STREET
BONIFAY FL 32425

Mailing Address

103 WEST NEBRASKA STREET
BONIFAY FL 32425

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/1999

5. FEI Number

59-3580776

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|---|---|
| PD | WILFORD, ROBERT W Wynne Catherine | 91 HIDDEN LAKES TRAIL 1587 Reddick Mill Rd. | DEERBARK SPRINGS FL 32433 Graceville FL 32440 |
| VPD | WYNNE, CATHERINE Lupher Janet | RT 2 BOX 187 Old Liberty School Rd. | GRACEVILLE FL 32440 Bonifay FL 32425 |
| VPD | MALONE, JACKIE Capps Nicole | 1082 WHITE AVENUE 4440 Putnam St. | GRACEVILLE FL 32440 Marianna, FL 32446 |
| VPD | HALLEY, GENE | 1567 MAIN STREET | CHIPLEY FL 32428 |
| SD | LEE, RHONDA | 953 HIGHWAY 71 | MARIANNA FL 32448 |
| TD | JORDAN, MARGARET Schafer Edmund | 4972 CAMELLIA DRIVE 3975 W Hwy 90 | MARIANNA FL 32446 Marianna, FL 32448 |

8. Name and Address of Current Registered Agent

~~WILFORD, ROBERT W~~ Wynne, Catherine D.
~~103 WEST NEBRASKA STREET~~
BONIFAY FL 32425

9. Name and Address of New Registered Agent

Name
Catherine D. Wynne
Street Address (P.O. Box Number is Not Acceptable)
103 West Nebraska Street
Suite, Apt. #, Etc.
City
Graceville
State
FL
Zip Code
32425

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Catherine D. Wynne
REGISTERED AGENT MUST SIGN

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-01/24/02-01079-007

***236.25 ***236.25

Date

12/27/01

11. 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.

Catherine D. Wynne

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Catherine D. Wynne

Date

12/27/01

Daytime Phone #

850 263 4733

850 347 2511

CR2040 (8/01)