

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 DEC 18 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **N99000004122**

1. Corporation Name

**A MOTHER'S HOPE, INC.**

Principal Place of Business

Mailing Address

3321 NORTH 41ST COURT  
HOLLYWOOD FL 33021

3321 NORTH 41ST COURT  
HOLLYWOOD FL 33021



**REINSTATEMENT**

**00**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/02/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

(EIN)

Applied For

City & State

City & State

65-0935672

Not Applicable

Zip Country

Zip Country

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	Santiago Farias	29331 SW 147 Ave	Leesville city 33030
D	Ana Farias	29331 SW 147 Ave	Leesville city 33030
D	Peppie Tandhasetti	3321 No 41 CA Hollywood FL 33021	Hollywood FL 33021

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-12/28/00--01004--023  
\*\*\*\*236.25 \*\*\*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TANDHASETTI, PEPPIE  
3321 NORTH 41ST COURT  
HOLLYWOOD FL 33021

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Peppie Tandhasetti* **SIGNATURE REQUIRED**

Date 12-14-00

REGISTERED AGENT MUST SIGN

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.

SIGNATURE:

*Peppie Tandhasetti* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-00

Date

Daytime Phone #

**KE**