

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1462

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 28 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N99000005549*

1. Corporation Name

Miami Center of Hope, Inc.

2. Principal Office Address

1001 IVES DAIRY RD

Suite, Apt. #, etc.

206

City & State

MIAMI FL

Zip

33179

Country

USA

3. Mailing Office Address

PO BOX 693994

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33269

Country

USA

100013917611
03/11/03--01018--023 **122.50

4. Date Incorporated or Qualified
To Do Business in Florida

9/13/1999

5. FEI Number

650942400

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

The Law Offices of Craig M. Dorne, P.A.

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

407 Lincoln Road

Suite, Apt. # Etc.

Penthouse Southeast

City

Miami Beach

State

FL

Zip Code

33139

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

Craig M. Dorne, President

Date *2/5/03*

REGISTERED AGENT MUST SIGN

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
<i>D</i>	<i>Swilley, W. Dorene</i>	<i>1001 IVES DAIRY RD 206</i>	<i>MIAMI FL 33179</i>
<i>D</i>	<i>Swilley, Deborah Lynn</i>	<i>" " " " "</i>	<i>" " "</i>
<i>D</i>	<i>Swilley, Joshua E.</i>	<i>" " " " "</i>	<i>" " "</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)(l), 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

W. Dorene Swilley, President

2/5/03

Date

305-652-3900

Daytime Phone #

CR2E081 (10/02)

Law Offices of Craig M. Dorne, P.A.

272

February 28, 2003

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: Reinstatement of Miami Center of Hope, Inc.

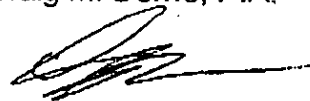
To whom it may concern:

The undersigned is requesting the waiver of the penalty for reinstatement of the above corporation as the annual report for last year was not received by the company. The company is a not-for-profit Florida corporation. Enclose herewith are the reinstatement papers.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

The Law Offices of
Craig M. Dorne, P.A.



Craig M. Dorne, Esq.
For the Firm

CMD/ig
Enclosure