PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 NOV -5 PM 12:43

DOCUMENT # P00000100136

1. Corporation Name

HOPE Enterprises, Inc.

REINSTATEMENT 01

2. Principal Office Address	**3.** Mailing Office Address
2305 sheridan st	2305 sheridan st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
N/A	N/A
City & State	City & State
Hollywood, FL	Hollywood, FL
Zip / Country	Zip / Country
33020 / Broward	33020 / Broward

4. Date Incorporated or Qualified To Do Business in Florida 10/23/2000

5. FEI Number 65-1071748 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Patricia S. Johnson

Street Address (P.O. Box Number is Not Acceptable): 2240 N.W 171 terrace

Suite, Apt. #, Etc.:

City: Carol City | State: FL | Zip Code: 33056

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-11/29/01--01049--015
****750.00 ****750.00

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: Patricia S. Johnson — REGISTERED AGENT MUST SIGN — Date 11/02/01

CR2E091 (9/00)

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
D	Dawson, Virginia	3490 N.W 6th st.	FT. LAUDERDALE, FL 33311
D	Smith, Eugene	505 NE 127th st.	North Miami, FL 33165
D	Johnson, Connail	2240 N.W 171 terr	Carol city, FL 33056

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)(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.

954-920-6368
954-791-3527

SIGNATURE: Virginia Dawson — 11-01-001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

REGISTER NOV 28 2001