

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV 20 AM 8:01

DOCUMENT # P01000010853

1. Corporation Name

HOPE GARDEN RETIREMENT HOME, INC.

Principal Place of Business

2011-2019 NW 59TH TERRACE  
LAUDERHILL FL 33313

Mailing Address

2011-2019 NW 59TH TERRACE  
LAUDERHILL FL 33313



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

01/29/2001

5. FEI Number

65-11-32233

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	SHARPE, BARRINGTON	529 W. CAMPUS CIRCLE	FT. LAUDERDALE FL 33319

8. Name and Address of Current Registered Agent

LOBBAN, NORMAN A  
7220 N.W. 44TH COURT  
LAUDERHILL FL 33319

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/02

Date

Daytime Phone #

CR2E040 (8/02)

*Hope Garden Retirement Home, Inc.*  
*2011 NW 59<sup>th</sup> Way*  
*Lauderhill, FL 33313*

*Tel: (954) 733-1222*


*Fax: (954) 733-2070*

November 18, 2002

Dear Sir/Madam:

Per our conversation earlier, enclosed is application for reinstatement. The previous application was never received and when we attempted to renew the second application, it was returned because the federal tax ID was missing from block 5. We never received the returned application for the tax ID number and are therefore requesting all penalties be waived on this reinstatement. Thank you.

Sincerely

  
Barrington Sharpe  
President