

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000012230

1. Corporation Name

H.O.P.E. INTERNATIONAL OF WINTER PARK, INC.

2006 W. Fairbanks

2006 W. Fairbanks

Principal Place of Business

Mailing Address

935 ORANGE AVE. STE B
WINTER PARK FL 32789

935 ORANGE AVE. STE B
WINTER PARK FL 32789

Winter Park, FL 32789

Winter Park, FL 32789

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

2. New Principal Office Address, If Applicable

2006 W. Fairbanks

Suite, Apt. #, etc.

Winter Park, FL

City & State

Zip 32789

Country

3. New Mailing Office Address, If Applicable

2006 W. Fairbanks

Suite, Apt. #, etc.

Winter Park, FL

City & State

Zip 32789

Country

FILED

03 OCT 22 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03



05/05/03 90274 044 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/2001

5. FEI Number

59-3694479

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
P	MIERA, RON G	2200 MAPLETON CR.	WINTER PARK FL 32789
	MEERS		

8. Name and Address of Current Registered Agent

MEERS, RON G
2955 TEMPLE TR
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name R G MEERS
Street Address (P.O. Box Number is not acceptable)
2200 Mapleton Cr
Suite, Apt. #, Etc.

City Winter Park

State FL

Zip Code

32782

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
REGISTERED AGENT MUST SIGN

Date 10/20/03

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

10/20/03

Date

Daytime Phone #

CR2E040 (7/03)

The form was not received
but the \$150.00 was
sent

JB Feery
407-353-3629