

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 14 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000000226*

1. Corporation Name

Divine Center of Hope of Orlando, Inc.

2. Principal Office Address

2111 E. Michigan St.

Suite, Apt. #, etc.

Ste. 222

City & State

Orlando, FL

Zip

32806

Country

USA

3. Mailing Office Address

2111 E. Michigan St.

Suite, Apt. #, etc.

Ste. 222

City & State

Orlando, FL

Zip

32806

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/31/2001

5. FEI Number

30-0015032

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

Dena L. Elmore

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

2111 E. Michigan St.

Suite, Apt. #, Etc.

Ste. 222

City

Orlando

State

FL

Zip Code

32806

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

[Signature]

Date

11/9/06

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>PD</i>	<i>Dena L. Elmore</i>	<i>3105 Queensgate Dr. Orlando, FL 32818</i>	<i>Orlando, FL 32818</i>
	<i>[Signature]</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 contained in Chapter 119, 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] *Dena L. Elmore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/9/06 *321.299.4684*

Daytime Phone #

November 9, 2006

Dena Elmore, President and Registered Agent
Divine Center of Hope of Orlando, Inc.
2111 East Michigan St., Ste. 222
Orlando, FL 32806

Florida Department of State
Division of Corporations
Attn: Corporate Reinstatements
P.O. Box 6327
Tallahassee, FL 32314

Re: REINSTATEMENT REQUESTED—ANNUAL REPORT NOT RECEIVED

Encl: Corporate Reinstatement Form
Check made payable to Department of State for \$758.75

Dear Madam or Sir:

Please find enclosed our Corporate Reinstatement Form. I did not receive my 2002 Annual Report Form, and did not know I was supposed to receive one until my accountant advised me of this.

Based on such, I respectfully request a waiver of the reinstatement fee.

Please find enclosed my check for \$758.75, which includes Annual Report and Corporate Supplemental fees for the last five years and \$8.75 for a Certificate of Status.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dena Elmore', written over a horizontal line.

Dena Elmore
President and Registered Agent