

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

03 OCT 23 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000095532**

1. Corporation Name

NEW HOPE CARE CENTER INC.

Principal Place of Business

Mailing Address

9730 SW 14TH ST
PEMBROKE PINES FL 33025

9730 SW 14TH ST
PEMBROKE PINES FL 33025

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/04/2002

5. FEI Number

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
DP	MOMPREMIER, MARGUERITE E	9730 SW 14TH ST	PEMBROKE PINES FL 33025
DV	CASSEUS, GENEVIEVE	5050 NW 56 ST	COCONUT CREEK FL 33073

700024056147
10/23/03--01084--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOMPREMIER, MARGUERITE E
9730 SW 14TH ST
PEMBROKE PINES FL 33025

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

Marguerite E. Mompremier
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/16/03

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:

Marguerite E. Mompremier
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGUERITE E. MOMPREMIER 10/16/03

Date

Daytime Phone #

(954) 437-2506
(954) 483-8067

CR2E040 (7/03)

MARGUERITE E. MOMPREMIER
9730 S.W. 14th Street
PEMBROKE PINES, FL. 33025

October 15th, 2003

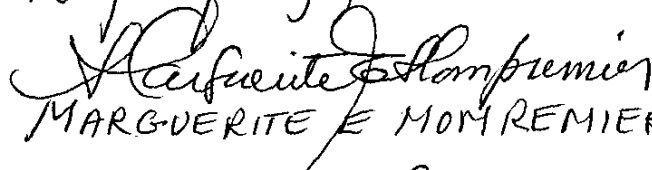
GLEND A E. HOOD
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Dear Mrs. Hood,

This is to inform you of the receipt of the notice of Administrative dissolution or Revocation of "New Hope CARE CENTER INC." However, my associate and I want to maintain the Active Status of the Corporation. Therefore, we want to reinstate the active status of the Corporation, and we would like to use the waived reinstatement fee; since this is the only UBR (Uniform Business Report) notice received. Enclosed is a check of \$150.00 required fee for a "For Profit Corporation".

We thank you for your time and understanding.

Respectfully,


MARGUERITE E. MOMPREMIER, PRESIDENT

Cc. Genevieve Cassius, Vice President