

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT -3 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000112845*

1. Corporation Name

RESTORE HOPE INC

CR2E081 (8/05)

2. Principal Office Address

14026 South Cypress

3. Mailing Office Address

SAME

Suite, Apt. #, etc. *COVE CIRCLE*

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

Zip

33325

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-18-02

5. FEI Number

38-3662782

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

WENDY KAHN

300060189873

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

14026 South Cypress COVE CIRCLE

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33325

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

Wendy Kahn

Date

9/30/05

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>D/P S/T</i>	<i>WENDY KAHN</i>	<i>14026 South Cypress COVE CIRCLE</i>	<i>DAVIE, FL 33325</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 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:

Wendy Kahn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/30/05

Daytime Phone #

954-465-7714