

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08000046732

1. Corporation Name

United Miami Hope, Inc

2. Principal Office Address - No P.O. Box #

7535 NW 12 Ct.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33147

Country

USA

3. Mailing Office Address

PO Box 472262

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33247

Country

USA

7. Name and Address of Current Registered Agent

Name

Rosita Simmons

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

7535 NW 12th Ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33147

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

Rosita Simmons
REGISTERED AGENT MUST SIGN

Date 1/6/2010

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
P	Rosita Simmons	7535 NW 12th Ct	Miami, FL 33147
VP	Juanita Simmons	7535 NW 12th Ct.	Miami, FL 33147
TREA	Willie J. Simmons	7535 NW 12th Ct.	Miami, FL 33147
D	Willie W. Simmons	7535 NW 12th Ct.	Miami, FL 33147

10. E-mail Address: RED DIAMOND 004@aol.com

(To be used for future annual report notification)

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. I further certify, 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:

Rosita Simmons

Rosita Simmons

1/6/2010

(786) 838-2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAR -1 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09-10

800166855158

01/21/10--01043--017 **158.75

CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 5/8/2008

5. FEI Number

61-1562799

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

800166855158

03/02/10--01027--008 **150.00