


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 01-03	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P37448

1. Corporation Name

VOICE OF HOPE INCORPORATED

Principal Place of Business

Mailing Address

345 N. GROVE ST.  
EUSTIS FL 32726

503 E. ORANGE AVE  
EUSTIS FL 32726

345 N. GROVE ST.  
EUSTIS FL 32726

503 E. ORANGE AVE  
EUSTIS FL 32726

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

2. New Principal Office Address, If Applicable

503 E. ORANGE AVE  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

503 E. ORANGE AVE  
Suite, Apt. #, etc.

City & State

EUSTIS FL.  
Zip 32726 Country U.S.A.

City & State

EUSTIS FL 32726  
Zip 32726 Country U.S.A.

PLEASE NOTE OUR  
NEW ADDRESS. WE  
DON'T RECEIVE MAIL SEND  
TO OLD ADDRESS  
183 JUL 28 PM 2:59 THANKS.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WWW.SUNRISE2.ORG



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07/09/03--01009--007 \*\*183.75

4. Date Incorporated or Qualified To Do Business in Florida		02/11/1992	
5. FEI Number		59-3335463	
Applied For		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		S\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	<del>CIVIC, DRAGAN</del> DANIEL D. CIVIC	<del>345 N GROVE ST</del> 503 E. ORANGE AVE	EUSTIS FL 32726
T	REPNIK, PAVEL	GRABLOVICEVA 28	LJUBLJABA SL
T	PARK, SOO W	NEW LIFE RETREAT P.O.BOX 342	GRAGSMOOR FL 12420
T	IRINA, IGNATOVN	VL NOVOGIREEVSKY 41-49	MOSCOW RV
T	REPNIK, MIRVANA	GRABLOVICEVA	LJUBLJANA SL

8. Name and Address of Current Registered Agent

STOWERS, ROBERT A  
345 N GROVE ST  
EUSTIS FL 32726

9. Name and Address of New Registered Agent

Name		
DANIEL D. CIVIC		
Street Address (P.O. Box Number is Not Acceptable)		
503 E. ORANGE AVE		
Suite, Apt. #, Etc.		
City	State	Zip Code
EUSTIS	FL	32726

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.

Signature of Registered Agent

  
REGISTERED AGENT MUST SIGN

Date

6/28/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 589-4497