AVALICATION FOR	FLORIDA	D FAR ME ACT TATE K terile for the S sam of teri	~	ING THIS FO FIL	.ED	1	
DOCUMENT# P9400033446 1. Corporation Name			99 NOV -8 PM 2: 59 SECRETARY OF STATE TACLAHASSEE. FLORIDA				
							KEITH HOPE, P.A.
Principal Place of Business Mailing Ad		s		a lêtir biện đơn som som	SALAR SIZE SIZE SIZE SIZE		
220 WILLIAMS ST ≠200		IS ST #200- EE FL 82002) 1875 ATT HE HERE COME TO THE BEAT COME COME HAVE THE TEXT OF THE COME			
If above addresses are incorrect in any way							
New Principal Office Address, If Applicable	•	Office Address, If Applicable	4. Date incorp To Do Busin	orated or Qualified ness in Fiorida	05/03/1994		
135 woodcrest land		boodcrest lane	5. FEI Numbe			Applied For	
Key BISCANNE, FI	City & State	Siscoune, PL.	6.	65-0487449		Not Applicable	
2ip 33 149 Country U	SA [20 33]	19 Country USA	<u>.L</u>	E OF STATUS DESIRED	for a Certific	rate of Status	
7. Names and Street Addresses of Each Off Name of Offi and/or Direct	cers	rida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director		City / State / Zip			
DPST HOPE, KEITH	4	100 SE 2ND ST 28TH FLOOR		MIAMI FL 99191			
		135 Waltrest	lave	23149	· · · ·		
		CON DISCHINE) L.				
			2	2000030 *****15	14624 9901090 0.00 ***	26 -011 *150.00	
8. Name and Address of	Current Registered Agen		9. Name and	Address of New Regis	itered Agent		
Name CT			Th E. HODE				
KEITH HOPE 020 WILLIAMS ST #200 → T ALLAHASSEE FL 32302 →	/ 0	Street Address Suite, Apt. #, Et	IP.O. Box Number	rest an	ie		
		City Lou	BISC AN		State Zip Coo	\$149	
10. I being appointed the registered pent	above named corpore	ation, am familiar with and accept the	•	on 607.0505, F.S.	, 1 al	na	
Registered Agent	REGISTERED AGE			Date	1.4,17°	<u> </u>	
11. I certify that I am an officer or director or this reinstatement application, the reason	for dissolution has been el and the names of individua	liminated, the corporate name satisfic als listed on this form do not qualify fo	es the requirements or an exemption un	s of section 607,0401 o	r 617.0401, F.S., i	that all fees (
owed by the corporation have been paid on this application is true and accurate, a	no my signature spali nave					KE	
owed by the corporation have been paid	I Signature spali nave				•		
owed by the corporation have been paid on this application is true and accurate, a	Elge	SNING OFFICER OR DIRECTOR		11/4/99	(3/5)3 Daytime Phon	4-7712	

KEITH HOPE, P.A.

Ph: (305) 361-3991
Fax: (305) 361-7712
email: hopeapp@aol.com

135 Woodcrest Lane Key Biscayne, Florida 33149

November 4, 1999

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Florida 3233314-6327

Re: Reinstatement of Keith Hope, P.A.

Dear Sir or Madam:

I just received in yesterday's mail the notice of administrative dissolution of my P.A. failure to file my annual report. From inception, my P.A. has been at the above address, but for three months, I moved to Tallahassee and when my last report was filed, I used that Tallahassee address. When I moved back to Miami, I left a forwarding address with the Post Office. However, I did not receive either the first or second notice from your office concerning my annual report. Whoever is at my old address must have inquired and learned my new address because they did forward to me the dissolution notice.

Under these circumstances, would you please waive the late filing fees and accept the enclosed report with the appropriate changes made together with a check for \$150.00 per instruction from your staff examiner. I thank you for your kindness and I will ensure that no more late filings occur.

Sincerely yours

Keith E. Hope

enclosures