

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000005323

1. Corporation Name

HOPE OF PALM BEACH INC.

Principal Place of Business

903 PARK AVE
WEST PALM BEACH FL 33404

Mailing Address

903 PARK AVE.
WEST PALM BEACH FL 33404

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

01/09/1998

5. FEI Number

65-0802408

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
PVST	IBRAHIM, IBRAHIM	903 PARK AVENUE	W. PALM BEACH FL 33404
D	IBRAHIM, IBRAHIM	903 PARK AVENUE	W. PALM BEACH FL 33404

8. Name and Address of Current Registered Agent

NORWICH, GRACE
5600 POINSETTIA AVE., APT. #709
WEST PALM BEACH FL 33407

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

IBRAHIM REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-13-99.

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

IBRAHIM REQUIRED

Date

10-13-99.

Daytime Phone #

FILED

99 OCT 19 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5/13/99 90010/018 \$150.00

CR2040 (8/99)

October 13, 1999

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Dear Representative:

Enclosed please find a copy of the cleared check #1157 dated March 12, 1999 which was made payable to Florida Dept. of State for corporation renewal 1999. The EIN number is 65-0802408.

Thank you for your prompt attention.

Sincerely,

Ibrahim

Hope Of Palm Beach
Ibrahim