PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 JUN 20 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

DOCUMENT # N00279

1. Corporation Name: Hope Chapel/Women Christian Fellowship

2. Principal Office Address	3. Mailing Office Address
2510 Waldemar Lane	2510 Waldemar Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee FL	City & State: Tallahassee, FL
Zip: 32304 Country: USA	Zip: 32304 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/12/83

5. FEI Number: 592439897 ☐ 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: Joarvonia Ashouri

Street Address (P.O. Box Number is Not Acceptable): 111 S. Monroe St

Suite, Apt. #, Etc.: Suite 2000B

100075833574
06/27/06--01031--004 **612.50

City: Tallahassee State: FL Zip Code: 32301

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: [signature] Date: 6/20/06

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
P/D	Gerrie Lasker	2510 Waldemar Lane	Tallahassee, FL 32304
D/VP	Isaiah Lasker	2510 Waldemar Lane	Tallahassee, FL 32304
D/S	Powell Woodberry, Jr.	4023 River Meade DR SW	Atlanta, Ga 30047
		JL 6/23/06	
		REINSTATEMENT 00-06	

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 contained in Chapter 119, 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: Gerrie Lasker June 20, 2006 850 2285561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #