

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08827

1. Corporation Name

Faith, Hope, & Love Church of God, Inc.

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

2816 Park Trail Lane

Suite, Apt. #, etc.

3. Mailing Office Address

1165 7th Street North

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Safety Harbor, FL

Zip

33759

Country

USA

Zip

34695

Country

USA

7. Name and Address of Current Registered Agent

Name

Portia Ponds

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

1438 Kings Highway

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33755

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

Portia Ponds

Date 1-31-10

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
D/P	Portia Ponds	1438 Kings Highway	Clearwater, FL 33755
D/V/P	Mary Clemons	805 N. Garden Avenue	Clearwater, FL 33755
D	Gladys Moody	3703 141st Avenue N. Apt. A	Largo, FL 33771
S/T	Loretta Watson	1165 7th Street N.	Safety Harbor, FL 34695

10. E-mail Address: FAITHHOPELOVECHURCHOFGOD@YAHOO.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: *Portia Ponds* Portia Ponds

Date 1-31-10

Daytime Phone #

FILED
10 FEB -4 AM 10:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

300168018363
02/04/10--01042--021 **358.75

REINSTATEMENT 08-10

4. Date Incorporated or Qualified To Do Business in Florida 04/19/1985

5. FEI Number 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.