

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FOR  
99AL

FILED

99 OCT 19 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006327

1. Corporation Name

HOPE FOR FAMILIES MINISTRIES, INC.

Principal Place of Business

Mailing Address

988 MERCY DRIVE  
ORLANDO FL 32808

988 MERCY DRIVE  
ORLANDO FL 32808



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/05/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Ernest Coleman	4805 N PineHills RD #204	Orl FL 32808
D	Joan Coleman	4805 N PineHills RD #204	Orl FL 32808
P	Cammie Tindal	P.O. Box 58603	Orlando, 32858
			000003040210--1
			-11/09/99--01088--010
			*****61.25 *****61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLEMAN, ERNEST JR  
988 MERCY DRIVE  
ORLANDO FL 32808

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

*Ernest Coleman Jr.*

REGISTERED AGENT MUST SIGN

Date 10/20/99

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:

*Juan Coleman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/99 295 2067  
Date Daytime Phone #  
(407)

CR20040 (8/99)

2

Did not receive our 1st or 2nd  
annual report. Please waive our fee.

Thank you