

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Matthew J. Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N99000000990

1. Corporation Name
NEW HOPE WORLD OUTREACH, INC.

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-11/30/00--01049--020
*****70.00 *****70.00

2. Principal Office Address
Suite, Apt. #, etc.
3. Mailing Office Address
890 NW 168th Avenue

City & State
Pembroke Pines

Zip Country
33028 USA

4. Date Incorporated or Qualified To Do Business in Florida 2/15/99
5. FEI Number 65-0901494
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
Dr. Debra A. Allen
Street Address (P.O. Box Number is Not Acceptable)
890 NW 168th Avenue
Suite, Apt. #, Etc.
City
Pembroke Pines State **FL** Zip Code **33028**

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 *Dr. Debra A. Allen* Date *11/15/00*
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
PD	Dr. Debra A. Allen	890 NW 168th Avenue	Pembroke Pines, FL 33028
D	Electa Branch	3345 N. State Hwy 239	Blytheville, AR 72315
D	Phillip Brassfield	1009 Trailwood	Heber Springs, AR 72543
D	Raymond Golphin	2301 Peabody	Blytheville, AR 72315
D	Elizabeth Lane-Johnson	538 Pheasant Run	Virginia Beach, VA 23452
D	Dr. Henrietta Williams	#55 Hickory Hill Circle	Little Rock, AR 72212

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 under section 119.07(3)(l), 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: *Dr. Debra A. Allen* **Dr. Debra Allen** 11/15/00 954-443-4649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)