PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N44938

1. Corporation Name

TRUE HOPE PENTACOSTAL CHURCH, INC.

DIVISION OF CORPORATIONS
03 AUG -7 AM 8: 00
EINSTATEMENT 01-0

2. Principal Office Address			3. Mailing Office A	ddress	07	
1621 Seaboard Street Suite, Apt. #, etc.			1621 Sea	board Street	5/29/02 90715 046 XX#70	
			Suite, Apt. #, etc.		4 Date Incorporated or Qualified	Men
Ft. M Zip 33916	ند عب	Florida Country Lee	City & State Ft. Myers Zip 33916	, Florida Country USA	5. FEI Number 65-0278482 6. CERTIFICATE OF STATUS DESIRED [X]	Applied For Not Applicable 875 Additional Fee required for a Certification (Status
	Street Add	v. Reuben Sm	nith_ er is Not Acceptable)	and Address of Current Regi	sistered Agent 80002213	1818
est.	Suite, Apt	21_Seaboard_ #,Etc. • Myers	Street	r.	08/07/03010530 State Zip Code FL 33916	104 **297 .50
8. I, being		e registered agent of th	ne above named corporation,	am familiar with and accept the	the obligations of section 607.0505 or 617.0503, I $_{ m Data}$	ll l

REGISTERED AGENT MUST SIGN

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Rev. Reuben Smith	3864 Coconut Circle South	Naples, Florida 34104
V	Jannie D. Smith	3864 Coconut Circle South	Naples, Florida 34104
D	Celestine Halloway	1664 Mohawk Street	Ft. Myers, Florida 33905
D	Clara Commadore	571 14th Street N.	Naples, Florida 34102
D	Geneva Rodriquez	1308 Brookhill Street	Ft. Myers, Florida 33905
	 		<u> </u>

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 filling 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.

July 30,2003

(239) 643-3240

Daytime Phone #