

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000006274

1. Corporation Name

GREATER HOPE MINISTRIES INC.

Principal Place of Business

Mailing Address

1702 NORTH DAVIS STREET
JACKSONVILLE FL 32209

1702 NORTH DAVIS STREET
JACKSONVILLE FL 32209

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

08/19/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P,D	COHEN, BRUCE E SR	5519 KILKEE CT.	JACKSONVILLE FL 32244
D	COHEN, FAYE M	5519 KILKEE CT.	JACKSONVILLE FL 32244
D	COHEN, KEVIN D	5519 KILKEE CT.	JACKSONVILLE FL 32244
D	VALENTINE, ALPHONSO	PO BOX 2861	JACKSONVILLE FL 32203
800023915998 10/17/03--01092--003 **61.25			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COHEN, BRUCE E SR.
5519 KILKEE CT.
JACKSONVILLE FL 32244

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. or 617.0505, F.S.

Signature of
Registered Agent

Bruce E. Cohen Sr.

Date 10-10-03

REGISTERED AGENT MUST SIGN

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:

Faye Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03

Date

Daytime Phone #

CR2E040 (7/03)



Greater Hope Ministries Inc.
1702 North Davis Street
Jacksonville FL, 32209
C/baw (904) 634-4991
Founder, Pastor Bruce E. Cohen, Sr.

October 10, 2003

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood, Secretary of State
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Dear Ms. Hood:

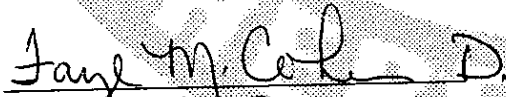
Greater Hope Ministries Incorporated did not receive the two prior uniform business report (UBR) notices. Therefore, this is a request to reinstate Greater Hope Ministries as a corporation with authority to transact business in the state of Florida.

We are also requesting that the corporation reinstatement fee be waived, because as stated above we did not receive the two prior uniform business report notices.

Enclosed, please find the fee to file the report without penalty in the amount of \$61.25 (check #0999) for Document #N02000006274, Greater Hope Ministries, Incorporated.

Sincerely,


Elder Bruce E. Cohen, Sr., P.D.


Faye M. Cohen, D

BC/baw