

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 JUN 19 PM 4:30

DEPARTMENT OF STATE  
ALLAHASSEE, FLORIDA

DOCUMENT # 723272

1. Corporation Name

Hope Lutheran Church of East Orange County  
2600 N. Dean Rd. Florida, Incorporated  
Orlando, FL 32817

500157555775  
06/22/09--01055--012 \*\*245.00

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

2600 N. Dean Rd

Suite, Apt. #, etc.

3. Mailing Office Address

2600 N. Dean Rd

Suite, Apt. #, etc.

City & State

Orlando FL

Zip 32817

Country US

City & State

Orlando FL

Zip 32817

Country US

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

4-26-72

5. FEI Number

59-1405446

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

Robyn Frank

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

600 Northern Way #309

Suite, Apt. #, Etc.

City

Winter Springs

State

FL

Zip Code

32708

☒ 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.

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

*Robyn Frank*

REGISTERED AGENT MUST SIGN

Date 6/15/09

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
Pres.	Jeff Miller	14621 Riviera Ponte Dr.	Orlando, FL 32828
VP	Jeff Friedrich	14437 Stamford Ct	Orlando, FL 32826
Sec.	Mary Cruz	15032 Stonebriar Way	Orlando, FL 32826

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 contained in Chapter 119, 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:

*Jeff Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/09 407.622.4282  
Date Daytime Phone #