

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 SEP 27 PM 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING CANCELLED
RETURNED CHECK

DOCUMENT # 732505

1. Corporation Name

New Hope Church of God of Deliverence, Inc

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

10575 SW 174th Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

10575 SW 174th Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33157

Country

USA

Zip

32157

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

4/16/1975

5. FEI Number

NA

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

Harry D Thompson

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

19371 SW 117 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33177

000185897960
09/27/10--01039--009 **236.25

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

Harry D. Thompson

REGISTERED AGENT MUST SIGN

Date

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	Harry D. Thompson	19371 117 Ave	Miami, FL 33177
VD	Ruth E. Teasley	113 Monmoth Rd	Jacobstown, NJ 08562
TD	Mae B. Thompson	17351 SW 106 Ave	Perrine, FL 33157
SD	Annileese T. Mobley	2302 NE 55 Blvd	Gainesville, FL 32641
T	Mae B Thompson	17351 SW 106 Ave	Miami, FL 33157

10. E-mail Address: ileadtheway@hotmail.com

(To be used for future annual report notification)

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. I further certify, 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:

Harry D. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/27
a/p