

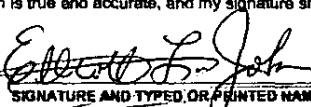
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 03 JUL -1 AM 10:13
CORPORATION REINSTATEMENT			
DOCUMENT # 749827			
1. Corporation Name That Blessed Hope Evangelistic Assoc. Inc.			
2. Principal Office Address 816 E. Genesee st Suite, Apt. #, etc. Suite A City & State Tampa, FL Zip 33603 Country Hillsborough		3. Mailing Office Address 2707 N. 34th st Suite, Apt. #, etc. N/A City & State Tampa, FL Zip 33605 Country Hillsborough	
		900021445349 07/10/03--01007--008 **490.00	
		REINSTATEMENT	
		4. Date Incorporated or Qualified To Do Business in Florida 11-16-1979	
		5. FEI Number 59-1950256	
		6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Bishop ELLIOTT L. Johnson		
Street Address (P.O. Box Number is Not Acceptable) 2707 N. 34th Street		
Suite, Apt. #, Etc. N/A		
City Tampa	State FL	Zip Code 33605

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 	Date 6-28-03
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
P	ELLIOTT L. Johnson	2707 N. 34th st	Tampa, FL 33605
VP/T	Rosemary C. Johnson	2707 N. 34th st	Tampa, FL 33605
S/D	Jocelyn J. Chandler	2707 23rd Ave	Tampa, FL 33605
D	Jennifer L. Johnson	3459 Day Lily Ln	Tallahassee, FL 32308
D	Katherine King	9000 E. Jefferson Ave Apt 19-15	Detroit, MI 48224
D	K. Joseph Brown	18510 Otterwood Ave	Tampa, FL 33647

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)(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: 	ELLIOTT L. Johnson (P) 813-237-6076 6-28-03 Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	