PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -1 AM 10: 13

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749827

1. Corporation Name
That Blessed Hope Evangelistic Assoc. Inc.

900021445349
07/10/03--01007--008 **490.00

REINSTATEMENT 99-03

2. Principal Office Address	3. Mailing Office Address
814 E. Genesee st	2707 N. 34th st
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc. N/A
City & State Tampa, FL	City & State Tampa, FL.
Zip 33603 Country Hillsborough	Zip 33605 Country Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida 11-16-1979

5. FEI Number 59-1950256 ☐ 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: 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: Elliott L. Johnson — REGISTERED AGENT MUST SIGN — Date 6-28-03

CR2E081 (10/02)

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 — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELLiott L. Johnson (P) 813-237-6076

6-28-03 Date — Daytime Phone #

jr 7/1