

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAR -6 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753512

1. Corporation Name
New Hope Missionary Baptist Church
of Apopka, Inc.

2. Principal Office Address - No P.O. Box #
927 South Central Ave.
Suite, Apt. #, etc.

3. Mailing Office Address
927 South Central Ave.
Suite, Apt. #, etc.

City & State
Apopka, FL
Zip
32703
Country
USA

City & State
Apopka, FL
Zip
32703
Country
USA

REINSTATEMENT 89-08
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida 7/28/80

5. FEI Number 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 Alexander H. Smith
Street Address (P.O. Box Number is Not Acceptable)
569 Strathclyde Court
Suite, Apt. #, Etc.
City Apopka State FL Zip Code 32712

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 Alexander H. Smith REGISTERED AGENT MUST SIGN Date 2/29/08

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/D	H. L. Dericho	4856 Pat Ann Terr	Orlando, FL 32808
VP/D	Lafayette Dowdell	3115 Westchester Dr.	Mt. Plymouth, FL 32776
C/T	Alexander H. Smith	569 Strathclyde Ct.	Apopka, FL 32712
S/T	Martha McCray	185 west 7th Street	Apopka, FL 32703
T	Clifford McKensie	Ella J. Gilmore St.	Apopka, FL 32703

600115594466
03/06/08--01046--020 **1225.00

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: Alexander H. Smith Alexander H. Smith 2/29/08 407-908-5685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #