

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 10 PM 12:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 760945

1. Corporation Name

NEW HOPE CHURCH OF THE LIVING GOD, INC.

Principal Place of Business
**4249 Lennox Boulevard
Orlando, Florida 32811**

Mailing Address
**c/o Mae C. Williams
3303 Waller Place
Orlando, Florida 32805**

REINSTATEMENT

90-97
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/07/81	
City & State		City & State		5. FEI Number	
Zip		Country		59-1424500	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	WILLIAMS, MAE C.	3303 Waller Place	Orlando, Florida 32805
D	POWELL, MAMIE LEE	2109 Patterson Avenue	Orlando, Florida 32811
D	CROKER, SR., JOSEPH H.	923 Aaron Avenue	Orlando, Florida 32811
D	CROKER, NORRIS E.	923 Aaron Avenue	Orlando, Florida 32811
D	WILLIAMS, DARRYL R.	3303 Waller Place	Orlando, Florida 32805

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MAE C. WILLIAMS 3303 Waller Place Orlando, Florida 32805		Name: 000002347440--6 -11/14/97--01063--005 Street Address (P.O. Box Number is Not Acceptable): ****665.00 ****665.00 Suite, Apt. #, Etc. City: State: FL Zip Code:	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Mae C. Williams*
Mae C. Williams REGISTERED AGENT MUST SIGN Date: 11/5/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *Mae C. Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mae C. Williams

Date: 11/5/97 (407) 295-4846
Daytime Phone #

CPRE040 (12/96)