

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 760945

1. Corporation Name

NEW HOPE CHURCH OF THE LIVING GOD, INC

W08-28913

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

3303 WALLER PLACE

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32805

Country

ORANGE

3. Mailing Office Address

3303 WALLER PLACE

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32805

Country

ORANGE

7. Name and Address of Current Registered Agent

Name

MAE C. WILLIAMS

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

3303 WALLER PLACE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32805

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

MAE C. WILLIAMS

Date

7/7/08

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
D	NORRIS E. CROKER	1617 W. CENTRAL <sup>APT.</sup> 511	ORLANDO, FL 32805
P/D	MAE C. WILLIAMS	3303 WALLER PLACE	ORLANDO, FL 32805
D	MAMIE L. POWELL	2109 PATTERSON AVE	ORLANDO, FL 32811
D/T	DARRYL R. WILLIAMS	4231 PRINCE HALL BND	ORLANDO, FL 32811
V/S	ANGELENE L. WILLIAMS	4231 PRINCE HALL BND	ORLANDO, FL 32811

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:

MAE C. WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/7/08

Daytime Phone #

407/295-4894

FILED

2008 JUL 10 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE

900132657489  
07/10/08--01040--8000A \*\*367.50

REINSTATEMENT 06-08

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

12/7/1981

5. FEI Number

59-1424500

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.