

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

REINSTATEMENT 06-08

CR2E081 (12/07)

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.

3. Mailing Office Address
3303 WALLER PLACE
Suite, Apt. #, etc.

City & State
ORLANDO FL
Zip Country
32805 ORANGE

City & State
ORLANDO FL
Zip Country
32805 ORANGE

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

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 State Zip Code
ORLANDO FL 32805

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 **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 ^{Apt.} 521	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 BLD	ORLANDO, FL 32811
V/S	ANGELENE L. WILLIAMS	4231 PRINCE HALL BLD	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** Date **7/7/08** Daytime Phone # **407/295-4894**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR