

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 DEC 19 PM 4:38


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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12/13/11--01054--005 \*\*297.50

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CR2E081 (11/10)

**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  
4249 Lenox Biv.  
Orlando, Fla 32811

2. Principal Office Address - No P.O. Box #  
3303 Walker Place

3. Mailing Office Address  
3303 Waller Place

Suite, Apt. #, etc.

City & State  
Orlando, Fla

City & State  
Orlando, Fla

Zip Country  
32805 US

Zip Country  
32805 US

4. Date Incorporated or Qualified To Do Business in Florida  
1988

5. FEI Number  
59-3479019

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

Applied For  
 Not Applicable

7. Name and Address of Current Registered Agent

Name  
Mae Catherine Williams

Street Address (P.O. Box Number is Not Acceptable)  
3303 Waller Place

Suite, Apt. #, Etc.

City  
Orlando

State  
FL

Zip Code  
32805

**REINSTATEMENT 10-11**

12/14/11

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 Catherine Williams Date 12/14/11

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
T	Darryl R. Williams Sr	4231 Prince Hall Blvd	Orlando FL 32811
V	ANGELENE WILLIAMS	4231 PRINCE HLL BLVD	ORLANDO, FL 32811
M	DARRYL R. WILLIAMS SR	4231 PRINCE HLL BLVD	ORLANDO, FL 32811
S	Shawntina L. Williams	4385 Cassin st.	Orlando, Fla 32811
P	Mae Catherine Williams	3303 Waller place	Orlando, FL 32805

10. E-mail Address: GN526241

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: Mae Catherine Williams Date 12/14/11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR