

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764748

1. Corporation Name

NEW HOPE BAPTIST CHURCH OF DEERFIELD BEACH, INC.

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

519 N.W. 2ND WAY

3. Mailing Office Address

519 N.W. 2ND WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

USA

Zip

33441

Country

USA

7. Name and Address of Current Registered Agent

Name

CALVIN W. JACKSON

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

240 S.W. 2ND AVENUE

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33441

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

08/30/1982

5. FEI Number

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.

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

Calvin W. Jackson

REGISTERED AGENT MUST SIGN

Date *Nov. 12, 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
	*SEE ATTACHED SHEET		

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:

Louise Perry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.12.08

Date

954 941 3308
Daytime Phone #

11/19/08

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

<u>Titles</u>	<u>Names of Officers and/or Directors</u>	<u>Street Address of Each Officer and/or Director</u>	<u>City/State/Zip</u>
D	LOUISE PERRY	660 N.W. 15 th Manor	Pompano Beach, FL 33060
D	JULIA NEWSOMES	2341 N.W. 10 th Court	Pompano Beach, FL 33069
D	LARRY JENKINS	1311 S.W. 5 th Terrace	Deerfield Beach, FL 33441
D	DAISY PARKER	2940 N.W. 9 th Street	Pompano Beach, FL 33069
D	OLLIE MAE DAVIS	502 S.W. 15 th Avenue	Delray Beach, FL 33444
D	MAEBLANCH JONES	307 N.W. 6 th Court	Deerfield Beach, FL 33441
D	CLARENCE JONES	1525 N.E. 1 st Court	Boynton Beach, FL 33435