

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F02000001771**

1. Corporation Name

FAITH MINISTRIES OF HOPE, INC.

Principal Place of Business

Mailing Address

8964 SANDUSKY AVE. S.
JACKSONVILLE FL 32216

P.O. BOX 19247
JACKSONVILLE FL 32216

FILED

04 APR -5 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

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.		04/10/2002	
City & State		City & State		5. FEI Number	
Zip		Country		13-3850095	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
C	CAUGHMAN, ANN M	8964 SANDUSKY AVE. S.	JACKSONVILLE FL 32216

700031807607
04/05/04--01016--009 **245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAUGHMAN, ANN M
8964 SANDUSKY AVE. S.
JACKSONVILLE FL 32216

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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. or 617.0505, F.S.

Signature of
Registered Agent

Ann M. Caughman
REGISTERED AGENT MUST SIGN

Date

3/29/04

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., 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:

Ann M. Caughman ANN M CAUGHMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/29/04

904-723-4555

CR2E040 (7/03)