

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAR 21 PM 12:47

DOCUMENT # *F02000001771*

1. Corporation Name

FAITH MINISTRIES OF HOPE

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

1260 Montego Rd E

Suite, Apt. #, etc.

Ste B2

City & State

JACKSONVILLE, FL

Zip

32216

Country

DUVAL

3. Mailing Office Address

PO Box 19247

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32245

Country

DUVAL

REINSTATEMENT

CR2E081 (1/07)

05-07

4. Date Incorporated or Qualified
To Do Business in Florida

4/10/02

5. FEI Number

13-3850095

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

ANN CAUGHMAN

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

1260 Montego Rd E

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32216



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

Ann M. Caughman
REGISTERED AGENT MUST SIGN

Date *3/6/07*

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
<i>PASTOR</i>	<i>ANN CAUGHMAN</i>	<i>1260 Montego Rd E</i>	<i>JACKSONVILLE, FL 32216</i>

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:

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

3/6/07

Date

904-725-0102

Daytime Phone #