

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 NOV 17 PM 3: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000000121**

1. Corporation Name

**HOPE MINISTRY CHURCH OF GOD IN CHRIST, INC.**

Principal Place of Business

Mailing Address

7251 HIGHWAY 90 EAST  
MILTON FL 32583

P O BOX 942  
MILTON FL 32572-0942



300024763089  
11/17/03--01097--023 \*\*245.00

If 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State-

City & State -

Zip

Country

Zip

Country

Date Incorporated or Qualified To Do Business in Florida: **12/25/1999**

5. FEI Number: **59-3617385**

Applied For:  Not Applicable:

6. CERTIFICATE OF STATUS DESIRED  \$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
PD	SMITH, FREDERICK D SR	7516 SAINT JOSEPH	MILTON FL 32583
STD	SMITH, ELIZABETH H	7516 SAINT JOSEPH	MILTON FL 32583
D	WILLIAMS, ELIJAH E	7516 SAINT JOSEPH	MILTON FL 32583
D	WILLIAMS, ELISHA O	7516 SAINT JOSEPH	MILTON FL 32583
D	SMITH, MYRA L	1343 RULE STREET	PENSACOLA FL 32534

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, FREDERICK D SR 7516 ST JOSEPH MILTON FL 32583	Name	<i>[Signature]</i>	
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State <b>FL</b>	Zip Code

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: *[Signature]* Date: **11/10/03**

REGISTERED AGENT MUST SIGN

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)(l), 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: *[Signature]* Elizabeth H. Smith Date: **11/10/03** Daytime Phone #: **850-623-3343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)