

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUN 25 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Blessed Hope Ministries, Inc
N000000033 64

2. Principal Office Address

3808 NW 167th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33054

Country

U.S.

3. Mailing Office Address

3808 NW 167th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33054

Country

U.S.

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

5. FEI Number

65-1024298

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

Natilee Brown Van

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

2631 Samara Drive

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33023

300006105813-4

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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

Natilee Brown Van
REGISTERED AGENT MUST SIGN

Date 6/24/02

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
Mr ^D	Vincent Van	2631 Samara Dr	Miramar, FL 33023
Mrs ^D	Natilee Brown Van	2631 Samara Dr	Miramar, FL 33023
Mrs ^D	Beverly S. Coffey	17430 NW 37 th Ave	Miami, FL 33055

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 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:

Vincent S. Van
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/02
Date

954 989-4303 or
305 881-0005
Daytime Phone #