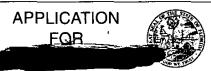
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N0000004778

FILED

05 JUN -2 AM II: 28

 Corporat 	tion Name								ハナルアグ	
NEW HOPE MISSIONARY BAPTIST CHURCH OF LAKE COUN							in the state of th			
Y, INC.							Dinapa	,,		
Principal Place of Business Mailing A							N0002	្រូវប្រាស់ ខេត្តប្រាស់		
P O BOX 10 UMATILLA FI US	L 32784		P O BOX 103 UMATILLA FL US							
				bugh incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable			1 Date Incom	and an Overliffed		
2. INDW 1 1	2. New Principal Office Address, If Applicable			5. How making Office Address, if Applicable			4. Date Incorporated or Qualified To Do Business in Florida 07/17/2000			
Suite, Apt. #	#, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number		· · · · · · · · · · · · · · · · · · ·	
City & State			City & State				59-3664033 Not Applicable			
Zip		Country	Zip		Country		CERTIFICATE	E OF STATUS DESIRED S	3.75 Additional Fee required for a Certificate of Status	
7. Names a	and Street Ad	dresses of Each Officer ar	nd/or Director (Fic	orida nonprof	fit corporatio	ons must list at lea	ıst 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
PD	CLEVELAND, HAYWARD E			960 N DENNING DR				WINTER PARK FL 32789		
SD	CLEVELAN	ID, IDELLA	960 N DENNING DR				WINTER PARK FL 32789			
TD	WILLIAMS, LUCILLE			1531 JEFFERSON DR			MT DORA FL 32757			
							06/02/	/DD556704 /0501062001	123 **70.00	
8. Name and Address of Current Registered Agent							9. Name and A	Address of New Registered	l Agent	
CLEVELAND, HAYWARD E 960 N DENNING DR					Street Address (P.0			P.O. Box Number is Not Acceptable)		
WINTER PARK FL 32789-2461				Suite, Apt. #, Etc.				~		
			City			State Zip Code				
10. I, being	appointed th	ne registered agent of the	above named corp	oration, am	familiar with	and accept the of	bligations of Secti	tion 607.0505, F.S. or 617.05		
Signature o	of Agent H	tyubu E	Clew	la		>		Date 4-27	-05	
	71g0111		REGISTERED AG	SENT MUST	r 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)(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: Mella W. Cleveland Ide 1 a W. Cleve Land 407.376347.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 Date 7 D.C. Daytime Phone #