

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

04 JUN 17 AM 8:00

DOCUMENT # NO160000 26 25

1. Corporation Name

New Hope Baptist Church of Holiday Inc

2. Principal Office Address

1121 US Hwy 19

Suite, Apt. #, etc.

3. Mailing Office Address

1121 US Hwy 19

Suite, Apt. #, etc.

City & State

Holiday FL

City & State

Holiday FL

Zip

34691

Country

USA

Zip

34691

Country

USA

REINSTATEMENT

03-04
MRD

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-458316

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

Joseph Riemann

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

3245 Devonshire Dr.

Suite, Apt. #, Etc.

200038047372

06/17/04--01047--006 **297 50

City

Holiday

State

FL

Zip Code

34691

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 06-03-04

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
Pres	Terry McKenzie	3533 Cockatoo Dr.	New Port Richey, FL 34652
D	Joe Riemann	3245 Devonshire Dr.	Holiday, FL 34691
S	Willard Keeling	7828 Anthula Ct.	New Port Richey, FL 34652

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: Terry McKenzie / Terry McKenzie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-03-04 727-849-4409
Date Daytime Phone #

CR2E081 (01/04)