

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

06 FEB -3 PM 4:45

DOCUMENT # N01000004659

1. Corporation Name

NEW HOPE CHRISTIAN CHURCH OF NORTH FORT MYERS, INC.

2. Principal Office Address

17530 NALLE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

17530 NALLE ROAD

Suite, Apt. #, etc.

City & State

NORTH FORT MYERS, FL.

City & State

NORTH FORT MYERS, FL.

Zip

33917-2233

Country

LEE

Zip

33917-2233

Country

LEE

REINSTATEMENT

02-06

CR2E081 (12/05)

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

5. FEI Number

65-1135014

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

TRACY R. HANSEN

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

17530 NALLE ROAD

Suite, Apt. #, Etc.

City

NORTH FORT MYERS,

State

FL

Zip Code

33917-2233

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

Tracy R. Hansen
REGISTERED AGENT MUST SIGN

Date 1/11/06

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
D	TRACY R. HANSEN	17530 NALLE ROAD	NORTH FORT MYERS, FL. 33917-2233
D	JOHN E. FRENCH	1505 JEFFERSON AVENUE	FORT MYERS, FL. 33901
D	STEVE KENNEDY	6494 ROYAL WOODS DRIVE	FORT MYERS, FL. 33908

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE KENNEDY

1/11/06

Date

(239) 218-9420

Daytime Phone #