## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATI STATEM	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations			tate	DIVIS	FILET: SECRETARY OF STATIONS DIVISION OF CORPCIATIONS 10 OCT 18 AMIO: 42		
DOCUMENT # N0200000030  1. Corporation Name  NEW HOPE IN CHRIST INTERNATIONAL MINISTRIES, INC									
1	al Office Addre	3. Mailing Office Address 9210 Estero Park Commons Blvd. Suite, Apt. #, etc.			mmons Blvd	CR2E081 (6/10)			
Suite		Suite 7				4. Date Incorporated or Qualified To Do Business in Florida Dec. 31, 2001			
City & State  Ester	s o, Floric	City & State Estero, Florida				5. FEI Numbe 30-00320	<b>X</b>	✓ Applied For Not Applicable	
Zip 33928	ا منصيدا			<sub>Zip</sub> 33928		.A.	76		
7. Name and Address of Current Registered Agent  Name  Jerry Findley  Street Address (P.O. Box Number is Not Acceptable) 8265 Allendale Court  Suite, Apt. #, Etc.  City  State Zip Code							10/99/81/8/EZ-8/EZ-7/EZ-50 REINSTATEMENT		
Naples FL 34120 * 5 0 9 0 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, P.S.									
Signature of Registered Agent								Date Oct. 9, 2010	
0		-		ENT MUST			A @ -#'		
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at let      Titles							<del></del>	City / State	e / Zio
	Officers and/or Directors				Officer and/or Director				
P/D					9210 Estero Park Commons E			Estero, Fl.	
C/D	Jerry Findley				8265 Allendale (			Naples, Fl.	34120
T/S/D	Stan	560 Gordonia Rd.			d.	Naples, Fl.	34108		

10. **E-mail Address**: hjfindley@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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:

SUBBATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-10

239-354-3409

Date

Daytime Phone #