


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 SEP 20 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000000138

1. Corporation Name

New Hope Christian Fellowship and Family Center, Inc.

2. Principal Office Address
370 Atwater Street

3. Mailing Office Address
P.O Box 380443

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Port Charlotte

City & State
Port Charlotte

Zip
33948

Country
USA

Zip
33948

Country
USA

REINSTATEMENT 03-00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
80-0005368

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
ROGER H. MILLER III, ESQ.

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

Suite, Apt. #, Etc.

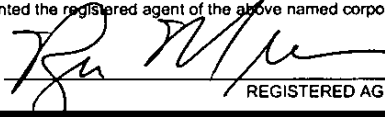
City
PUNTA GORDA

State
FL

Zip Code
33950

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



REGISTERED AGENT MUST SIGN

Date
9/12/06

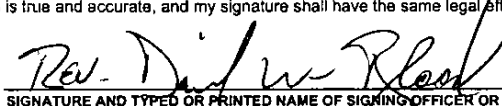
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Rev. David W. Blood	PO Box 380443	Murdock, FL 33938
D/T	Jan Dunbar	PO Box 380443	Murdock, FL 33938
D/S	Kristine Schmelzer	PO Box 380443	Murdock, FL 33938

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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

9/12/06

Date

(941) 505-9972

Daytime Phone #