

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -8 AM 8:00

DOCUMENT # N02000000811

1. Corporation Name

HOPE FOR LIFE INDEPENDENT BAPTIST CHURCH INC.

Principal Place of Business

Mailing Address

1346 S. ADAMS ST.
SUITE B
TALLAHASSEE FL 32301

1346 S. ADAMS ST.
SUITE B
TALLAHASSEE FL 32301

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3662973

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
X S	EATON, ROBERT L REGINALD BROWN	2553 LONNBLADH RD. 1316 BRONOUGH ST	TALLAHASSEE FL 32300 32301
X V	ELLISON, ALPHONSO	P.O. BOX 702	GREENSBORO FL 32330
X T	CASON, SHELLEY L	607 DIXIE DRIVE #18 3006 S. MERIDIAN ST	TALLAHASSEE FL 32304 32301
P	ANTHONY CASON	3006 S. MERIDIAN ST	TALLAHASSEE, FL 32301
			600035847986 05/11/04--01010--009 **235.65

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~CASON, SHELLEY~~ ANTHONY CASON
1346 S. ADAMS ST.
SUITE B
TALLAHASSEE FL 32301

Name ANTHONY CASON
Street Address (P.O. Box Number is Not Acceptable)
1346 S. ADAMS ST
Suite, Apt. #, Etc.
SUITE B
City TALLAHASSEE State FL Zip Code 32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Anthony Cason

REGISTERED AGENT MUST SIGN

600035847986
06/08/04--01015--001 **235.60
Date 5/7/04

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:

Shelley L. Cason
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/04

Date

850-402-0840

Daytime Phone #

CR2040 (7/03)