
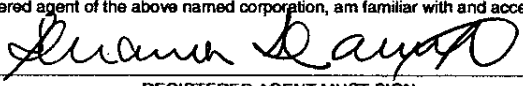
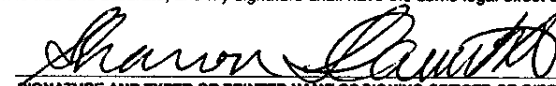


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 MAR -5 AM 9:59 SECRETARY OF STATE FLORIDA REINSTATEMENT 03-04 600029941056 05/05/03--92197--004 **61.25 September 3, 2002	
DOCUMENT # N02000006722					
1. Corporation Name BRIDGE OF HOPE OUTREACH MINISTRIES INCORPORATED					
2. Principal Office Address 1900 Sipes ave		3. Mailing Office Address 1900 Sipes ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sanford Florida		City & State Sanford Florida			
Zip 32771	Country USA	Zip 32771	Country USA		
		4. Date Incorporated or Qualified To Do Business in Florida September 3, 2002		5. FEI Number 601-1467166	
				Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Sharon Stallworth					
Street Address (P.O. Box Number is Not Acceptable) 1900 Sipes ave					
Suite, Apt. #, Etc. 600029941056 03/05/04--01024--001 **280.10					
City Sanford		State FL	Zip Code 32771		
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 		Date March 3, 2004			
REGISTERED AGENT MUST SIGN					
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		
PD	Sharon Stallworth	1900 Sipes ave	Sanford FL 32771		
VPD	Charles Gramlin	2008 Sipes ave	Sanford FL 32771		
VPD	Maude Gramlin	2008 Sipes ave	Sanford FL 32771		
T	Wanda Gramlin	170 Country Club Cir	Sanford FL 32771		
S	Gail Robinson	6349 Hunt Road	Cocoa FL		
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: 		Date 03/03/04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			

CR2001 (01/04)

TR