

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY -5 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N02000009074*

1. Corporation Name

Hope & Deliverance Ministries, Inc.

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

2615 US 1 South

Suite, Apt. #, etc.

#26

City & State

St. Augustine, Florida

Zip

32086

Country

USA

3. Mailing Office Address

2615 US 1 South

Suite, Apt. #, etc.

#26

City & State

St. Augustine, Florida

Zip

32086

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 2002

5. FEI Number

84-1617459

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

Joanne McGlocking

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

41 N. Whitney St.

Suite, Apt. #, Etc.

City

St. Augustine,

State

FL

Zip Code

32084

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Joanne McGlocking

REGISTERED AGENT MUST SIGN

Date February 22, 2008

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
P/D	Joanne McGlocking	41 N. Whitney St.	St. Augustine, FL 32084
V/D	Ernest D. Fulwood	45 N. Whitney St.	St. Augustine, FL 32084
S/D	Shauncrea Fulwood	45 N. Whitney St.	St. Augustine, FL 32084
T/D	Sandi Williamson	41 N. Whitney St.	St. Augustine, FL 32084
REINSTATEMENT 04 08			

03/18/08 01036 020 \$306.25

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:

Shauncrea Fulwood

Shauncrea Fulwood, Secretary

02/22/08

904-540-7582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #