


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

FILED
06 AUG 11 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000009200**
1. Corporation Name
**New Hope Church: A Reformed Church
in America, Inc.**

2. Principal Office Address
6740 Park St. South
Suite, Apt. #, etc.
3. Mailing Office Address
6740 Park St. South
Suite, Apt. #, etc.

City & State
South Pasadena, FL
Zip
33707 Country
Pinnelas

REINSTATEMENT 04-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida **11/25/2002**
5. FEI Number
59-1439254 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
ROBERT D. ELSTON
Street Address (P.O. Box Number is Not Acceptable)
5701 20TH AVE. S.
Suite, Apt. #, Etc.
City
GULFPORT FL State
FL Zip Code
33707

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 **Robert D. Elston**
REGISTERED AGENT MUST SIGN

Date **28 JULY 2006**

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
TREAS	ROBERT D. ELSTON	5701 20TH AVE. S.	GULFPORT FL 33707
DIRECTOR	RICHARD ELZERMAN	40 BOX WOOD AVE.	PALMETTO FL 37221
DIRECTOR	W. STEFFAN HICKS	880 OLEANDER WAY SUITE 1512	SO. PASADENA FL 33707
	9/8/11		000078728230 09/19/06--01039--011 **367.50

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: **ROBERT D. ELSTON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 JULY 2006 Date
727-368-2185 Daytime Phone #