

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

03 NOV 20 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000009200**

1. Corporation Name

**NEW HOPE CHURCH: A REFORMED CHURCH IN AMERICA, NC.**

Principal Place of Business

Mailing Address

6740 PARK ST. SOUTH  
SOUTH PASADENA FL 33707

6740 PARK ST. SOUTH  
SOUTH PASADENA FL 33707

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

11/25/2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT** 03



900024889729  
11/20/03--01063--014 \*\*236.25

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BROWN, ANGELA	444 12TH AVE. NORTH	ST. PETERSBURG FL 33701
D	ELZERMAN, RICHARD	2311 14TH AVE. WEST #501	PALMETTO FL 34221
D	DELORY, MICHAEL DAANE, DAVID	<del>1907 58TH ST. SOUTH</del> 4515 DOLPHIN CAY LANE S	<del>GULFPORT FL 33707</del> ST PETERSBURG 33711
D	HOFMEYER, GARY	6740 PARK ST. SOUTH	SOUTH PASADENA FL 33707
D	WOUDE, DEAN VAN DER	4975 COBIA DR., SE	ST. PETERSBURG FL 33705

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOFMEYER, GARY  
6740 PARK ST. SOUTH  
SOUTH PASADENA FL 33707

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b> Zip Code

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

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date Nov. 17, 03

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: *[Signature]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date Nov. 17, 03  
Daytime Phone #

CR2E040 (7/03)