

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JAN 29 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03000001069

1. Corporation Name

Blessed Hope Foundation of  
Newberry, Florida

600087493396  
02/06/07--01009--025 \*\*253.75

2. Principal Office Address

253 NW 250th St

Suite, Apt. #, etc.

City & State

Newberry, FL

Zip

32669

Country

USA

3. Mailing Office Address

P.O. Box 205

Suite, Apt. #, etc.

City & State

Newberry, FL

Zip

32669

Country

USA

REINSTATEMENT

CR2E08T (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

1/31/2003

5. FEI Number

36-4519555

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

Ellie Ramsey

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

24729 SW First Road

Suite, Apt. #, Etc.

City

Newberry

State

FL

Zip Code

32669

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

Ellie Ramsey

REGISTERED AGENT MUST SIGN

Date 1/25/07

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	Evelyn McKay	P.O. Box 205	Newberry, FL 32669
V.P/D	Marilu S. Duke	20810 S.W. 46th Ave	Newberry, FL 32669
S/D	ELLIE Ramsey	24729 S.W. 1st Rd	Newberry, FL 32669

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 619, 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:

Ellie Ramsey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/07

Daytime Phone #

352-5788

2/2

## Blessed Hope Foundation

of Newberry Florida Inc.

25241 S.W. 19th Avenue · Newberry, Florida 32669

Tel. (352) 472-2254 · Fax (352) 214-8334

January 26, 2007

EXPRESS MAIL

DIVISION OF CORPORATIONS  
CLIFTON BUILDING  
2661 EXECUTIVE CENTER CIRCLE  
TALLAHASSEE, FL 32301

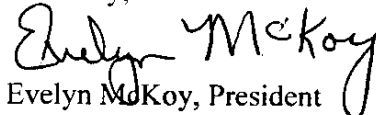
Re: .BLESSED HOPE FOUNDATION OF NEWBERRY FLORIDA  
DOCUMENT NO. N03000001069

ATTN: REINSTATEMENT DEPARTMENT

We did not receive any annual report notices from the Secretary of State in 2004 for the above corporation. We are therefore, requesting that you waive any reinstatement fees to reinstate our corporation.

Enclosed is the completed corporation reinstatement form together with our check in the amount of \$253.75 representing the annual fees for 2004, 2005, 2006 2007 of \$61.25 plus \$8.75 for a Certificate of Status to be returned to us at our corporate mailing address of P.O. Box 205, Newberry, Florida 32669. Thank you.

Sincerely,

  
Evelyn McKoy, President

/evr  
Encls.

*"People Helping People"*