

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC 21 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000001197

1. Corporation Name

Christian Partners of Hope, Inc.

2. Principal Office Address - No P.O. Box #
12900 Timothy Lane

Suite, Apt. #, etc.

City & State
Ft. Myers, Florida

Zip
33908

Country
USA

3. Mailing Office Address
PO Box 1140

Suite, Apt. #, etc.

City & State
Estero, Florida

Zip
33928

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 02/12/2003

5. FEI Number
04-3745719

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 A. Hawthorne

Street Address (P.O. Box Number is Not Acceptable)
1402 SW 5th Terrace

Suite, Apt. #, Etc.

City
Cape Coral

State
FL

Zip Code
33991

☒ 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

Date 12/19/2007

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	Vince B. Myers	PO Box 1140	Estero, Florida 33928
STD	Marianne M. Myers	PO Box 1140	Estero, Florida 33928

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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:

Vince B. Myers

12/19/2007

(954) 304-1429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell

DEC 21 2007