

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG -8 AM 9:10

SECRETARY OF STATE
MONTGOMERY, ALABAMA

DOCUMENT #N03000002643

1. Corporation Name

TRINITY MACEDONIA HOPES IN CHRIST MINISTR

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

920 NW 201 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33169

Country

USA

3. Mailing Office Address

2719 WOODLEY RD

Suite, Apt. #, etc.

City & State

MONTGOMERY, ALABAMA

Zip

36111

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

DECEMBER 9, 2005

5. FEI Number

32-008057

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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.

7. Name and Address of Current Registered Agent

Name

MARY RIVERS

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

920 NW 201 STREET

Suite, Apt. #, Etc.

City

MIAMI, FLORIDA

State

FL

Zip Code

33169

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

REGISTERED AGENT MUST SIGN

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08/08/08--01003--008 **183.75
Date

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
OWNE	MARY RIVERS	2719 WOODLEY RD	MONTGOMERY, ALABAMA 36111
COO	DANDREA PRATT	2719 WOODLEY RD	MONTGOMERY, ALABAMA 36111
SECR	CORA STREETER	920 NW 201 STREET	MIAMI, FLORIDA 33169

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Rivers

8/5/08

Date

3343282593

Daytime Phone #

8/80