

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 DEC 11 PM 4:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N06000009340

1. Corporation Name  
New Hope Missionary Baptist  
Church of Sorrento Florida Inc

REINSTATEMENT 07-09

300138954843  
12/11/08--01020--006 \*\*358.75  
CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #  
24507 Paul Street  
Suite, Apt. #, etc.

3. Mailing Office Address  
Same  
Suite, Apt. #, etc.

City & State  
Sorrento FL  
Zip  
32776  
Country  
Lake

City & State  
Same  
Zip  
Country

4. Date Incorporated or Qualified  
To Do Business in Florida 9/05/06  
5. FEI Number 20-5507741  
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  
Terry F. Clark  
Street Address (P.O. Box Number is Not Acceptable)  
406 Hart Blvd  
Suite, Apt. #, Etc.  
City  
Orlando  
State  
FL  
Zip Code  
32835

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 Terry F. Clark Date 12/4/08  
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
Pastor	scotty Clark	24507 Paul St <del>Sorrento FL 32776</del>	Sorrento FL 32776
Dea	Carl Clark	24507 Paul St	Sorrento FL 32776
Dea	Charlie Collier	31720 CR 437	Sorrento FL 32776
Dea	Robert Wilkerson	31720 CR 437	Sorrento FL 32776
Adm	Terry Clark	406 Hart Blvd	Orlando FL 32835

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: Terry F. Clark Date 12/04/08 (352) 217-6590  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #