

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

15 JUL 29 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO6000011733

1. Corporation Name Door of Hope Church
INC.

REINSTATEMENT

2009 - 2015

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #
2306 Tim Lee Rd
Suite, Apt. #, etc. N/A
City & State Tallahassee, FL
Zip 32301 Country Leon

3. Mailing Office Address
P.O. Box 5364
Suite, Apt. #, etc. N/A
City & State Tallahassee, FL
Zip 32314 Country Leon

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number 320187527 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 Joe Elliott
Street Address (P.O. Box Number is Not Acceptable) 2306 Tim Lee Rd
Suite, Apt. #, etc. N/A
City Tallahassee State FL Zip Code 32301

200275554482
07/30/15--01001--013 **112.50

200275554482
07/30/15--01001--012 **500.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 7/29/15

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	Jehoshaphat Elliott	2306 Tim Lee Rd	Tallahassee, FL 32301
Sec.	Beverlyn L. Elliott	2306 Tim Lee Rd	Tallahassee, FL 32301
Treas.	Paul Khandjian	158 Sinclair Dr.	Tallahassee, FL 32312

10. E-mail Address: joedohc@ymail.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Jehoshaphat Elliott 7/29/15
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

850 567-5637