## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLO	ORIDA DEPARTMENT OF STATE  Secretary of State  DIVISION OF CORPORATIONS	FILED 09 NOV -6 PM 3: 39
DOCUMENT # NO700007712  1. Corporation Name		SECRETARY OF STATE FALLAHASSEE, FLORIDA
NEW HOPE OF GLORY Ministries, Inc		
woq-47853		800162149028 10/26/0901022015 **131.25
2. Principal Office Address - No P.O. Box# 3. Mailing Office Address 5901 9th AVENUE No 1996-58th Circle South		10/26/0901022015 **131.25 CR2E081 (12/08)
Suite, Apt. #, etc. Sui	uite, Apt. #, etc.	4. Date Incorporated or Qualified 2/6/07
St. Petershung, Florida St	ny a state fi Peterskurg, Florida	5. FEI Number Applied For Not Applied be
zip Country Zip 33710 United States 2		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Curr		
Name Deborah A. Hill		The reinstatement fee is imposed, except in
Street Address (P.O. Box Number is Not Accentable)		circumstances which the entity did not receive the prior notices. By checking this box, you
Sulte, Apt. #, Etc.	1	are certifying the prior notices were not received and requesting the reinstatement
chySt, Petersburg	State 37/2	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 817.0503, F.S.  Signature of Registered Agent Published Registered Agent 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 / Zlp
P DEBORAH A. HILL	1996-58th Circle S	St. Petersburg, Fz 33712
V Prince O'NEAL	9943 14th Street	No. St. Petersburg, FL 33716
T SOPHIA Forté	. 2224 45th Stree	t So. St. Petersburg, FL33711
S Donna Spearman	2330 Queen Stree	t South St. Petersburg, F, 33712
D Ludell Hill	1996 - 584 Cirde S	o. St. Petersburg. F. 33712
REINSTATEMEN		
10.1 certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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 PROVIDED NAME OF SIGNING OFFICER OR DRECTOR  Description of the corporation contained for in chapter 807 or 617, F.S. I further certify that when filing this reinstatement application is contained for in chapter 807 or 617, F.S. I further certify that when filing this reinstatement application is true and accurate. Signature shall have the same legal effect as if made under oath.  SIGNATURE:  Description of the receiver or trustee empowered to execute this application as provided for in chapter 807 or 617, F.S. I further certify that when filing this reinstatement application is true and accurate 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.		