

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**DOCUMENT #** N31492

1. Corporation Name

97 APR -2 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Blessed Hope Christian Church**

Principal Place of Business Mailing Address  
4020 N Nebraska Ave P.O. Box 310387  
Tampa, FL 33603 Tampa, FL 33680-0387

**REINSTATEMENT**

93-9700

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 2. New Principal Office Address, If Applicable                       |  | 3. New Mailing Office Address, If Applicable |  | 4. Date Incorporated or Qualified To Do Business in Florida |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                          |  | 4-4-89  |  |
| City & State   |  | City & State                                 |  | 5. FEI Number   |  |
| Zip  |  | Zip  |  | 59-3020745  |  |
| Country  |  | Country                                      |  | Applied For   |  |
|  |  |  |  | Not Applicable  |  |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> |  |  |  | \$8.75 Additional Fee required for a Certificate of Status  |  |

| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) |                                      |  |                       |
|---|--------------------------------------|--|-----------------------|
| 1. Title(s)   | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip |
| Pres/D  | Elliott L. Johnson                   | 2707 N. 34th ST  | Tampa, FL 33605       |
| D   | Jerome Ellington                     | 2609 Heatherwood DR  | Tampa, FL 33618       |
| 2nd VP/D  | Rosemary Johnson                     | 2707 N 34th ST   | Tampa, FL 33605       |
| D   | Trea. James O. Brookin, MD.          | 4728 N. Habana Ave STE 20  | Tampa, FL 33614       |
| VP-D  | Katherine King                       | 9000 Jefferson Ave. #1915  | Detroit, MI 48214     |
| D   | Pamela Musiman                       | 2109 31st Ave #598   | Tampa, FL 33610       |

| 8. Name and Address of Current Registered Agent              | 9. Name and Address of New Registered Agent   |
|--|---|
| Elliott L. Johnson<br>2707 N. 34th Street<br>Tampa, FL 33605 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City |
|  | State<br>Zip Code   |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Elliott L. Johnson* REGISTERED AGENT MUST SIGN Date: 3-31-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: *Elliott L. Johnson* ELLIOTT L. JOHNSON MAR 31, 1997 (813)239-3925  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)