

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31492

1. Corporation Name

BLESSED HOPE CHRISTIAN CHURCH, INC.

Principal Place of Business

816 E GENESEE ST
STE A
TAMPA FL 33603
US

Mailing Address

P O BOX 310387
TAMPA FL 33680
US

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 Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business In Florida

04/03/1989

5. FEI Number

59-3020745

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$5 Fee for 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	4. City / State / Zip
PD	JOHNSON, ELLIOTT L	2707 N. 34TH STREET	TAMPA FL 33605
2VDS	JOHNSON, ROSEMARY	2707 N. 34TH STREET	TAMPA FL 33605
D	HOLLOWAY, CRAIG	5238 BON VIVANT DR, #74	TAMPA FL 33603
VPD	KING, KATHERINE	9000 E JEFFERSON, #4135	DETROIT MI 48214
D	MUSIMAN, PAMELA	2109 31ST AVE., #506	TAMPA FL 33610
TD	Johnson, Jocelyn J.	2707 N. 34th St	Tampa, FL 33605

8. Name and Address of Current Registered Agent

JOHNSON, ELLIOTT L.
2707 NORTH 34TH STREET
TAMPA FL 33605

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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

REGISTERED AGENT MUST SIGN

Date 10-31-99

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-99 813-237-6076

Date

Daytime Phone #