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
MAR 31 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 32077

1. Corporation Name
Hope Lutheran Church, Bonita Springs, Florida, Inc. 97

REINSTATEMENT 93-97

mwb

Principal Place of Business	Mailing Address
25999 Old 41 Road Bonita Springs FL 34135	25999 Old 41 Road Bonita Springs FL 34135

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
25999 Old 41 Road	25999 Old 41 Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bonita Springs FL	City & State: Bonita Springs FL
Zip: 34135 Country: U.S.A.	Zip: 34135 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 5-3-89

5. FEI Number: 65-0416851 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Charles Gehrke	27099 Holly Lane	Bonita Springs FL 34135
S/D	Valerie Quist	22662 Fountain Lakes Blvd.	Estero FL 33928
T/D	Shirley Smith	260 Lely Beach Blvd. #301	Bonita Springs FL 34134

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-04/01797--01103--006
****490.00 ****490.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Charles Gehrke
Street Address (P.O. Box Number is Not Acceptable): 27099 Holly Lane
Suite, Apt. #, Etc.:
City: Bonita Springs State: FL Zip Code: 34135

CR2E040 (12/96)

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: _____ Date: 3/27/97
REGISTERED AGENT MUST SIGN

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: _____ Charles Gehrke 3/27/97 (941) 992-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #