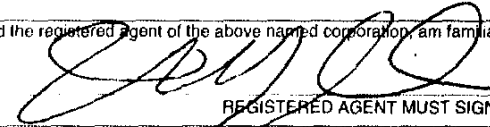
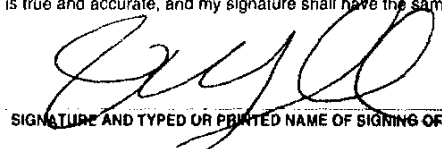


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N 32077 1. Corporation Name <i>Hope Lutheran Church, Bonita Springs, 97 Florida, Inc.</i>		FILED MAR 31 AM 8:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <i>25999 Old 41 Road Bonita Springs FL 34135</i>		Mailing Address <i>25999 Old 41 Road Bonita Springs FL 34135</i>	
REINSTATEMENT 93-97 mw8			
2. New Principal Office Address, If Applicable <i>25999 Old 41 Road</i> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <i>25999 Old 41 Road</i> Suite, Apt. #, etc.	
4. Date Incorporated or Qualified To Do Business in Florida 5-3-89		5. FEI Number 65-0416851	
City & State <i>Bonita Springs FL</i> Zip 34135		City & State <i>Bonita Springs FL</i> Zip 34135	
Country <i>U.S.A.</i>		Country <i>U.S.A.</i>	
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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
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
			000002130610--5 -04/01/97--01103--006 ***490.00 ***490.00
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <i>Charles Gehrke</i> Street Address (P.O. Box Number is Not Acceptable) <i>27099 Holly Lane</i> Suite, Apt. #, Etc. City <i>Bonita Springs</i>	
Signature of Registered Agent  REGISTERED AGENT MUST SIGN		State FL	
Date 3/27/97		Zip Code 34135	
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 (41) 992-8811 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2EW40 (12/96)