

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


07 MAR 19 AM 8:49

CLERK OF STATE
TALLAHASSEE, FLORIDA

900095808969
04/04/07--01045--001 **420.00

REINSTATEMENT 04-07
CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38731

1. Corporation Name

HOPE LUTHERAN CHURCH, INC. OF WELAKA, FLORIDA

2. Principal Office Address - No P.O. Box #

273 County Road 309

Suite, Apt. #, etc.

City & State

Satsuma, FL

Zip

32189

Country

US

3. Mailing Office Address

P.O. Box 132

Suite, Apt. #, etc.

City & State

Satsuma, FL

Zip

32189

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/1990

5. FEI Number

59-2985902

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jerome A. Peterson

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

128 Mocking Bird Lane

Suite, Apt. #, Etc.

P.O. Box #75

City

Georgetown

State

FL

Zip Code

32139

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement 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 617.0503, F.S.

Signature of
Registered Agent

Jerome A. Peterson

REGISTERED AGENT MUST SIGN

Date 3/12/07

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 / Zip
Pres.	Jack Tietge	264 Hess Rd	Georgetown, FL 32139
V. Pres.	Jeannie Fredrick	199 Chestnut St.	Crescent City, FL 32112
Sec.	Ann Hoefel	122 Rabbit Track Rd	Satsuma, FL 32189
Treas.	Patricia Magnuson	1162 Co Rd 309	Crescent City, FL 32112

10. 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 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:

Jack Tietge

Jack Tietge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-12-07

Daytime Phone #

2 3/21