

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 28 AM 8:43

DOCUMENT #

1. Corporation Name

Renewed Hope
Fellowship, Inc.

N 50492

W 13877

2. Principal Office Address

1815 80.33rd St.

3. Mailing Office Address

1815 80.33rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

City & State

Fort Pierce, FL

Zip

Country

34947

USA

Zip

Country

34947

USA

REINSTATEMENT

98-01

4. Date Incorporated or Qualified
To Do Business in Florida

8-20-92

5. FEI Number

65-0361132

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

DR. David G. Thompson

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

1815 80.33rd St.

Suite, Apt. #, Etc.

City

Fort Pierce

State
FL

Zip Code

34947

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

Dr. David G. Thompson

REGISTERED AGENT MUST SIGN

Date 5-12-00

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
President	DR. David Thompson	1815 80.33 rd St.	Ft. Pierce, FL 34947
Vice Pres.	Ruth Smith	213 D Manatee Ave	Ft. Pierce, FL 34982
Secy	Debra Thompson	1815 80.33 rd St.	Ft. Pierce, FL 34947
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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 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:

Dr. David G. Thompson

5-12-00

Date

561-467-8776

Daytime Phone #

AL