

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000000803**

1. Corporation Name

NEW HOPE MINISTRIES OF ORLANDO INC.

Principal Place of Business

1410 WEST 30TH STREET
ORLANDO FL 32805

Mailing Address

1410 WEST 30TH STREET
ORLANDO FL 32805

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified To Do Business in Florida

02/14/1994

5. FEI Number

59-0938130

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DC	HENDERSON, LOUIS	4645 W. CONLEY ST.	ORLANDO FL 32811
D	HENDERSON, CASSANDRA	4645 W. CONLEY ST.	ORLANDO FL 32811
D	ROSS, ROBIN	4645 MALBU ST	ORLANDO FL 32811
D	WILLIAMS, VENITA	5743 WESTVIEW DR	ORLANDO FL 32810
S	COOPER, ROSIE	5743 WESTVIEW DR	ORLANDO FL 32810
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8. Name and Address of Current Registered Agent

HENDERSON, LOUIS J R.
4645 W CONLEY ST
ORLANDO FL 32811

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL
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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/18/03

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/03
Date

(407) 835-8029
Daytime Phone #

CR2ED40 (7/03)