

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

98 FEB 20 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003475

1. Corporation Name

There Is Hope In Jesus Outreach  
Center Inc.

Principal Place of Business

Mailing Address

7607 Palm River Rd.  
Tampa Florida 33619

P.O. Box 8337  
Tampa, Florida  
33674-8337

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

2. New Principal Office Address, If Applicable

7607 Palm River Rd  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 8337  
Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Tampa Florida

Zip

33619

Country

Hillsborough

Zip

33674-8337

Country

Hillsborough

4. Date Incorporated or Qualified  
To Do Business in Florida

1 July 1996

5. FEI Number

59-3481127

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
D	BRUCE N BAKER	9324 Eastfield Rd. #A	Thonotosassa, Fl. 33592
D	JANICE BAKER	9324 Eastfield Rd #A	Thonotosassa Fl. 33592
D	LATIKA R BAKER	9324 Eastfield Rd. #A	Thonotosassa Fl. 33592
T/S	LORETTA L GREEN	9324 Eastfield Rd #A Thonotosassa, Fl. 33592	Thonotosassa Fl. 33592
			400002448624-9 -03/05/98-01112-004 ****306.75 ****306.75

8. Name and Address of Current Registered Agent

LORETTA L GREEN  
9324 Eastfield Rd. #A  
Thonotosassa Fl. 33592

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.

Signature of  
Registered Agent

Loretta L Green

REGISTERED AGENT MUST SIGN

Date 2/17/98

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

Loretta L Green

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/98

Daytime Phone #

(813)  
986-9390

CR20040 (12/96)