

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 10 AM 8:00

DOCUMENT # **N97000001149**

1. Corporation Name
**New Hope Community
OF Mary dia INC**

REINSTATEMENT 03-04
MRS

2. Principal Office Address
511 Barn Street

3. Mailing Office Address
511 Barn Street

000033588350
04/22/04--01060--015 **245.00

Suite, Apt. #, etc.

City & State
Kissimmee FL

Zip Country
34744 Oseola

4. Date Incorporated or Chartered
To Do Business in Florida
02/28/97

5. FEI Number
59-3419412

6. CERTIFICATE OF STATUS DESIRED **\$875 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
Rev. Gary D. Gray

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

Suite, Apt. #, Etc.

City
Kissimmee

000033588350
05/10/04--01026--001 **52.50

State Zip Code
FL 34744

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
Gary D. Gray

REGISTERED AGENT MUST SIGN

Date

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
Director	Gary D. Gray	515 Barn Street	Kissimmee FL 34744
OFFICER	Abdoula Holley	924 Garden Street	Kissimmee FL 34744
OFFICER	COLETT S. SADDY	1724 CRAWFORD STR.	ST. CLOUD, FL 34789
OFFICER	Dandra D. Carter	6948 Tampa Ave.	Kissimmee FL 34744

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: **Rev. Gary D. Gray** **Gary D. Gray** (407) 933-1204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)