

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 MAR -4 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 97000001471

**1. Corporation Name**

Christian Generation  
Center of HOPE, INC.

**2. Principal Office Address**

4761 Coconut Palm Circle  
N.E.

Suite, Apt. #, etc.

**City & State**

St. Petersburg, Florida

**Zip**

33703

**Country**

America

**3. Mailing Office Address**

4761 Coconut Palm Circle  
N.E.

Suite, Apt. #, etc.

**City & State**

St. Petersburg, Florida

**Zip**

33703

**Country**

America

**REINSTATEMENT** 04-08<sup>KS</sup>

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

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**

Clarice Pennington

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

4761 Coconut Palm Circle N.E.

Suite, Apt. #, Etc.

**City**

St. Petersburg

**State**

FL

**Zip Code**

33703

**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

Clarice Pennington

REGISTERED AGENT MUST SIGN

Date 2/8/08

**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
M	Bernard Pennington	4761 Coconut Palm Circle N.E.	St. Petersburg, Fl. 33703
M	Leslie Hopkins	2401 15 <sup>th</sup> Ave. So	St. Petersburg, Fl. 33702
S/R	Lolita Rackett	1524 13 <sup>th</sup> Ave. So.	St. Petersburg, Fl. 33705
D	Clarice Pennington	4761 Coconut Palm Circle N.E.	St. Petersburg, Fl. 33703

**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:**

Clarice Pennington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/08

Date

727-348-3587

727-522-0881

Daytime Phone #

**4761 Coconut Palm Circle N. E.  
St. Petersburg, Florida 33703  
February 28, 2008**

**Florida Department of State  
Secretary of State  
Division of Corporations  
Corporation Reinstatement**

**To Whom It May Concern:**

**Enclosed you will find an application for a Corporation Reinstatement for  
the Christian Generation Center of H.O. P.E.,Inc.**

**I did not receive the Annual Report Notice.**

**You will also find a check for the amount of \$306.25 to cover the reinstatement fee.**

**Thanking you in advance for your very kind assistance in this matter.**

**Yours truly,**

A handwritten signature in cursive script, appearing to read "Clarice Pennington", written over the printed name.

**Reverend Clarice Pennington  
Director**