

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 DEC 10 PM 3:36

DOCUMENT # **N97000001471**

1. Corporation Name

CHRISTIAN GENERATION CENTER OF HOPE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

Principal Place of Business

Mailing Address

1434 PRESCOTT STREET
ST PETERSBURG FL

413 22ND AVENUE S.E.
ST PETERSBURG FL 33705



800025387028

12/10/03--01034--003 **61.25

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

NOT APPLICABLE

Not Applicable

Zip

Country

Zip

Country

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 3	City / State / Zip 4
D	PENNINGTON, BERNARD	413 22ND AVE S.E.	ST PETERSBURG FL 33705
AS-D	FERGUSON, ARCHIE	3972 38TH ST SOUTH	ST PETERSBURG FL 33711
SD	HOPKINS, NELSON S	2401 15TH AVE S	ST PETERSBURG FL 33712
TD	BLAND, WILLIE J	6045 14TH ST S.	ST PETERSBURG FL 33705

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PENNINGTON, CLARICE
413 22ND AVENUE S.E.,
ST PETERSBURG FL 33705

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

Clarice Pennington
REGISTERED AGENT MUST SIGN

Date

12/04/03

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:

Clarice Pennington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clarice Pennington

Date

Daytime Phone #

12/04/03 727-823-32

CR2E040 (7/03)

55

413 - 22nd Avenue So. E.
St. Petersburg, Florida 33705
December 4, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

To Whom It May Concern:

This letter is to inform you that
I did not receive any Uniform
Business Report Forms prior to the
Notice of Administrative Dissolution.

I wish to be re-instated.

Enclosed you will find a check
for the amount of \$61.25 for this purpose.
Thank you so much for your consideration

Yours truly,
Clarice Pennington