

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JAN 15 AM 10:14

DOCUMENT # N970000006716

1. Corporation Name

NEW HOPE CHRISTIAN CHURCH
OF ARCADIA INC.

2. Principal Office Address - No P.O. Box #

3877 Hwy 70. NW

3. Mailing Office Address

P.O. Box 430

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ARCADIA, FL

City & State

ARCADIA, FL

Zip

Country

34266

USA

Zip

Country

34265

USA

REINSTATEMENT 11-13

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/1/1997

5. FEI Number

59-3468283

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

DEAN DUNCAN

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

1855 NE HAMMOCK STREET

Suite, Apt. #, Etc.

City

ARCADIA

State

FL

Zip Code

34266

400243675484
01/15/13--01015--008 **358.75

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

Dean Duncan

REGISTERED AGENT MUST SIGN

Date 1/9/2013

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
CTR	DEAN DUNCAN	1855 NE HAMMOCK ST.	ARCADIA, FL 34266
TR	ELMO RUDD	6831 CUBITUS AVE. #502	ARCADIA, FL 34266
TR	JAMES BAKER	6831 CUBITUS AVE. #513	ARCADIA, FL 34266
			JAN 16 2013
			T. CAULEY

10. E-mail Address: DWJACK50@HOTMAIL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Dean Duncan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2013

Date

Daytime Phone #