

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATE

FLORIDA DEPARTMENT OF STATE

Division of Corporations
Tallahassee, Florida

FILED

01 OCT -1 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000031

1. Corporation Name

NEW HOPE WORSHIP CENTER MINISTRIES INC.

WO1000021361

2. Principal Office Address

6855 B Miramar Parkway

3. Mailing Office Address

P.O. Box 3697

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Hollywood, FL

Zip

33023

Country

US

Zip

33083-3697

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/98

5. FEI Number

65-0803505

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

500004625685

Name

Michael Thomas

-10/08/01--01005--

120

****192.50 ****1

2.50

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

14618 Keylime Blvd

LS

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

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

Malva Thomas

MALVA THOMAS

REGISTERED AGENT MUST SIGN

Date

9/8/01

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
D	Michael Thomas	14618 Keylime Blvd	Loxahatchee, FL 33470
D	Malva Thomas	14618 Keylime Blvd	Loxahatchee, FL 33470
D	Dewith Hayne	6720 S.W. 26th Street	Miramar, FL 33023

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)(l), 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:

MALVA THOMAS

Malva Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/01

Date

561-753-6088

Daytime Phone #

CR2E081 (9/00)



New Hope Worship Center Ministries
6855 B Miramar Parkway
P.O. Box 3697
Hollywood, Fl 33083 - 3697
(954) 894 - 8001
Email: nhopeministries@hotmail.com
Rev. Michael & Malva Thomas

Weekly Scheduled Services

Sunday: 10A.M. - 11A.M.
Sunday School

Sunday: 11A.M. - 1P.M.
Morning Service

Sunday: 6P.M. - 7:30P.M.
Evening Service

Wednesday: 7P.M. - 8P.M.
Bible Study

Friday: 7P.M. - 8:30 P.M.
Youth Fellowship

Rev. Michael & Malva Thomas
(Senior Pastors)

Department of State
Division of corporation
P. O. Box 6327
Tallahassee, FL 32314

RE: Re instatement of corporation

To Whom It May Concern:

I am requesting the reinstatement of corporation for the New Hope Worship Center Ministries. The corporation number is N98000000031. I have not received a letter of renewal, therefore, I am requesting that all fees and late charges waived. Enclosed is \$183.75

PS please note the change of address.

New hope Worship Center Ministries
6855 B Miramar Parkway
P.O. Box 3697
Hollywood, Fl 33083 - 3697

Sincerely,

Malva Thomas