

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 DEC 16 PM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 98000003936

1. Corporation Name

LION HOPE M. B. CHURCH, INC. OF
FT. MYERS, FL.

REINSTATEMENT

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

3424 BROADWAY
Suite, Apt #, etc

3. Mailing Office Address

P.O. Box 2133
Suite, Apt #, etc

City & State

FORT MYERS, FL.

Zip
33901

Country
AMERICA
Lee

City & State

FT. MYERS, FL.

Zip
33902

Country
AMERICA

4. Date Incorporated or Qualified
To Do Business in Florida

CR2E081 (11/13)

5/25/99

5. FEI Number

65-0487409

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

GRACIE HOUSTON

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

7 E. CLERMONT COURT

Suite, Apt #, Etc

City

FT. MYERS

State

FL

Zip Code

33916

700254794717
08/12/13--01009--027 **35.00

700254794717
12/17/13--01015--001 **201.25

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

Gracie Houston

REGISTERED AGENT MUST SIGN

Date 10/16/13

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
PO	REV. SAMUEL WATKINS	2449 DUPREE ST	FT. MYERS FL 33916
T	George Plummer	2240 BARDEN ST.	FT MYERS, FL. 33916
T	Thurman CROCKETT	1682 HEIMAN ST	FT. MYERS, FL. 33905
T	Moses, JACKSON	2955 POWELL ST	FT. MYERS, FL. 33901
T	E. H. Neal Jr.	3709 10TH ST. W.	Lehigh Acres FL 33921

10 E-mail Address: N/A

(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:

Gracie Houston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/13 - 239-337-3314
Date Daytime Phone

DEC 17 2013

G. CARROTHERS