

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 AM 10:41

DOCUMENT # N99000000859

1. Corporation Name

NEW BEGINNINGS OF H.O.P.E. MINISTRIES, INC.

Principal Place of Business

164 SW 3RD CT
DEERFIELD BEACH FL 33441

Mailing Address

P.O. BOX 2231
POMPANO BEACH FL 33060



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

09-17-01 90141 020 \$70.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 65-1002811
APPLIED FOR

Applied For

Not Applicable

City & State

City & State

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
PT	SCOTT, DOYLE P	164 SW 3RD COURT	DEERFIELD BEACH FL 33441
S	SCOTT, LINDA B	164 SW 3RD COURT	DEERFIELD BEACH FL 33441
VD	GANT, CHARLES	647 NW 2ND WAY	DEERFIELD BEACH FL 33441
D	RICKS, DONALD	248 NW 4 ST	DEERFIELD BEACH FL 33441
D	SCOTT, NORVAL	165 SW 3RD CT	DEERFIELD BEACH FL 33441

8. Name and Address of Current Registered Agent

SCOTT, DOYLE P
164 SW 3RD COURT
DEERFIELD BEACH FL 33441

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

Doyle P. Scott
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/16/01

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:

Doyle P. Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/01

Daytime Phone #

CR2040 (8/01)

10/16/01

I, Doyle P. Scott was not in receipt of your letter asking me for my F.E.I. - I had already submitted the fee and paperwork, so I'm re-submitting with F.E.I. # 65-1002811

Thank You,
So Very Much,

Rw. Doyle P. Scott