

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 NOV 10 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000077960

1. Corporation Name

HOPE BY FAITH GOSPEL PRODUCTIONS, INC.

Principal Place of Business

17930 NW 52 AVE  
MIAMI FL 33055

Mailing Address

17930 NW 52 AVE  
MIAMI FL 33055

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

2. New Principal Office Address, If Applicable

7446 Cleveland St

Suite, Apt. #, etc.

City & State

Hollywood Fla.

Zip 33024

Country

3. New Mailing Office Address, If Applicable

7446 Cleveland St

Suite, Apt. #, etc.

City & State

Hollywood Fla.

Zip 33024

Country

REINSTATEMENT 03

09/12/03 90185 002 30000



09/12/03 90185 001 28000

4. Date Incorporated or Qualified  
To Do Business in Florida

07/09/2002

5. FEI Number

14-1869857

Applied For

Not Applicable

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	ASHLEY, NORRIS	17930 NW 52 AVE	MIAMI FL 33055

8. Name and Address of Current Registered Agent

ASHLEY, NORRIS  
17930 NW 52 AVE  
MIAMI FL 33055

9. Name and Address of New Registered Agent

Name

NORRIS Ashley JR

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

7446 Cleveland St.

Suite, Apt. #, Etc.

Hollywood

City

Hollywood

State

FL

Zip Code

33024

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

Norris Ashley Jr

REGISTERED AGENT MUST SIGN

Date

11-17-03

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:

Norris Ashley Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-17-03 786-3854499

CR2E040 (7/03)

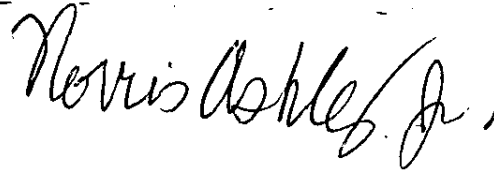
November 7, 2003

**TO WHOM IT MAY CONCERN:**

**I Norris Ashley Jr. sent in the 2<sup>nd</sup> report along with \$550.00 which was cleared by the bank. I would like for you to please waive the late fee.**

**Thanks in advance**

**Norris Ashley Jr.**

A handwritten signature in cursive script that reads "Norris Ashley Jr." with a small flourish at the end.