

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.

REINSTATEMENT 03

09/12/03 90185 002 30000



09/12/03 90185 001 28000

Principal Place of Business

Mailing Address

17930 NW 52 AVE
MIAMI FL 33055

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/09/2002

7446 Cleveland St

7446 Cleveland St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
Hollywood Fla.

City & State
Hollywood Fla.

14-1869857

Not Applicable

Zip
33024

Country

Zip
33024

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)

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

AR 1/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ASHLEY, NORRIS
17930 NW 52 AVE
MIAMI FL 33055

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 REQUIRED

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 REQUIRED 11-17-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

786-3854499

CR2E040 (7/03)

November 7, 2003

TO WHOM IT MAY CONCERN:

I Norris Ashley Jr. sent in the 2nd 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.

Norris Ashley Jr.