

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 12 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000063001002001

1. Corporation Name

NEW HOPE ENTERPRISES INC.
6852 CRYSTAL LAKE RD.
KEYSTONE HTS, FL 32656

2. Principal Office Address

6852 CRYSTAL LAKE RD

Suite, Apt. #, etc.

City & State

KEYSTONE HTS FL

Zip

32656

Country

CLAY

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

32656

Country

CLAY

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/14/95

5. FEI Number

59-3380913

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

J. FRED JOHNSON

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

6852 CRYSTAL LAKE RD

Suite, Apt. #, Etc.

City

KEYSTONE HTS

State
FL

Zip Code

32656

800012332978

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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

REGISTERED AGENT MUST SIGN

Date FEB 7, 2003

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
PRES.	J. FRED JOHNSON	6852 CRYSTAL LAKE RD	KEYSTONE HTS, FL 32656
SEC. TREAS.	MADELINE D. JOHNSON	6852 CRYSTAL LAKE RD	KEYSTONE HTS, FL 32656

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. FRED JOHNSON

Date

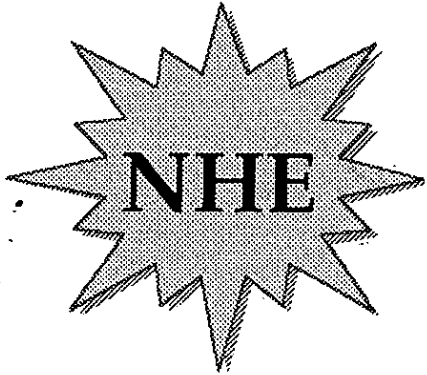
2-7-03

Daytime Phone #

(352) 473-8864

CR2E081 (10/02)

2/17



New Hope Enterprises Inc.

6582 Crystal Lake Road
Keystone Hts, FL 32656
(352) 473-8864

February 7, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Subject: reinstall /registration/filing of New Hope Enterprises

Per the attached letter sent January 27, 2003, Please find the following:

1. Reinstatement form
2. Letter of January 27, 2003
3. Check for \$150
4. Form for Uniform Business Report for: J. Fred Johnson Family Limited Partnership
You have check for \$526.25, dtd January 23, 2003, Check #511

The reason for all the confusion in reporting, was that the US Post Office, changed our address from Starke to Keystone Heights. We never received the forms for filing.

Please accept this for reinstatement. I was told by your representative that in light of the change of address this was what we needed to do to comply with the state.

Peace and joy:



J. Fred Johnson
President, New Hope Enterprises Inc.