

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL -7 PM 12:26

DOCUMENT # N000000001506

1. Corporation Name

The Sanctuary of the Lord Deliverance
Ministry, Inc.

2. Principal Office Address

1938 Baywind Ct

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip

32303

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0991550

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

Annie Hannon

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

1938 Baywind Ct

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

500039320065

07/20/04-01010-005 **131.25

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

Annie Hannon

REGISTERED AGENT MUST SIGN

Date

7-7-04

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
P	Annie Hannon	1938 Baywind Ct	Tallahassee FL 32303
VP	Bruce Payne	7654 N.W. 17 th Pl	Miami FL 33147
ED	Alberta Hall	3151 N.W. 16 th Pl	St. Lauderdale FL 33311
D	Tametricia Brown	7470 N.W. 35 th St	St. Lauderdale FL
D	Calvin Hamilton	7470 N.W. 35 th St	St. Lauderdale FL
D	Levon Williams	7470 N.W. 35 th St	St. Lauderdale FL

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:

Annie Hannon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-7-04

Daytime Phone #