

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 13 PH 5:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N01000008787

1. Corporation Name
 CHRISTIAN DELIVERANCE OUTREACH MINISTRY, INC.

Principal Place of Business Mailing Address
 1007 S SANFORD AVE C/O REV RICKEY PARKS
 SANFORD FL 32771 1000 E 9TH ST
 SANFORD FL 32771



100008966201
 11/13/02--01046--007 **61.25

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/14/2001	
City & State		City & State		5. FEI Number	
Zip		Country		14-3029238	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Exec Director	Rickey Parks	1000 E 9th ST	Sanford FL 32771
Exec Director	Craig Parks	1301 E McIntosh Rd	Griffin GA 30223
Director	Nettie Parks	1000 E 9th ST	Sanford FL 32771
Sec	Netricka P	1000 E 9th ST	Sanford FL 32771

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PARKS, RICKEY REV 1000 E 9TH ST SANFORD FL 32771		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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: *[Signature]* SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN Date: Nov 1, 2002

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: *[Signature]* Rickey Parks SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Nov 1, 2002 Daytime Phone #: 707 221-9295

CR20040 (8/02)

CHRISTIAN DELIVERANCE OUTREACH MINISTRIES, INC.

1007 S. Sanford Avenue

Sanford, FL 32771

407-936-0153

Pastor Rickey A. Parks

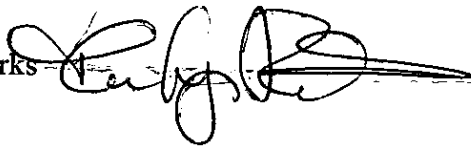
Nov 4, 2002

To Whom It May Concern:

As Pastor of Christian Deliverance Outreach Ministries, Inc., it was my understanding that our Non-Profit Corporation Fee was not due. So when we received this notice of Administrative dissolution or revocation, I did not understand. After calling, I found out that we would need to send the application along with the 6125.

Sincerely,

~~Pastor Rickey A. Parks~~
Senior Pastor
CDOM, Inc.

A handwritten signature in black ink, appearing to read "Rickey A. Parks", written over a horizontal line.