

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAR 17 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600120419056
03/17/08--01005--014 **131.25

DOCUMENT # NO3000009458

1. Corporation Name
Christian Deliverance Outreach
Ministry, Inc. II

2. Principal Office Address - No P.O. Box #

2815 Red Lion Sq
Suite, Apt. #, etc.

3. Mailing Office Address

2821 Red Lion Sq
Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Winter Park FL

Zip Country

32792 U S

Zip Country

32792 U S

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

830388614

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name Susie Morrow

Street Address (P.O. Box Number is Not Acceptable)
2815 Red Lion Square
Suite, Apt. #, Etc.

City Winter Park

State FL Zip Code 32792

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

Date

REGISTERED AGENT MUST SIGN

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
D	Susie Morrow	<u>2821 Red Lion Square</u>	<u>Winter Park FL 32792</u>
D	Rickey Parks	<u>1000 E 9th St</u>	<u>Sanford FL 32771</u>
D	Nettie Parks	<u>1000 E 9th St</u>	<u>Sanford FL 32771</u>
T	Felicia Washington	<u>2821 Red Lion Sq</u>	<u>Winter Park FL 32792</u>
S	Yolanda Amstead	<u>3105 Split Willow Dr</u>	<u>Orlando FL 32808</u>

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 contained in Chapter 119, 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: Nettie Parks Nettie Parks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/08 407-346-9451
Date Daytime Phone #