

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JAN -6 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N05439**

1. Corporation Name **DELIVERANCE Center Tabernacles of Florida Inc.**
DELIVERANCE Center Tabernacles of Florida INC.

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

2326 Mispah Ave
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 173
Suite, Apt. #, etc.

CR2B081 (11/10)

City & State

Leesburg Florida

City & State

EUSTIS, Florida

Zip

34748

Country

U.S.A.

Zip

32727

Country

U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

OCT. 2, 1984

5. FEI Number

59-3290626

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

yes

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ronald Pinkney

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

37849 Deerwoods DR.

Suite, Apt. #, Etc.

City

EUSTIS

State

FL

Zip Code

32736

000255307180
01/06/14--01032--001 **183.75

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

Ronald Pinkney

Date

1-2-14

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
PD	Ronald Pinkney	37849 Deerwoods DR	EUSTIS, FL 32727
VD	Darlene Davis	70 MITCHELL D. Rd	Haines, City FL 33844
ST/D	Jenise Pinkney	37849 Deerwoods DR.	EUSTIS, FL 32727
VD	CARLTON, STRAWDER	14382 S.E. 151 Place Road	Weirsdale, FL 32195
VD	John D. BUTLER	4914 JC'S Village Rd	La Grange, N.C. 28551

10. E-mail Address: **HJP @ Century Link. Net**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Ronald Pinkney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

Date

1-2-14

Daytime Phone #

352-5890892