

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR -2 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006966

1. Corporation Name

Holy Sanctuary of Deliverance Inc

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

904 4th St W

3. Mailing Office Address

3219 48th St E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palmetto, FL

City & State

Palmetto, FL

Zip

34221

Country

Zip

34221

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0774161

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
Kendall, Jacqueline

Street Address (P.O. Box Number is Not Acceptable)
3219 48th St E

Suite, Apt. #, Etc.

City
Palmetto, FL

State
FL

Zip Code
34221

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

Jacqueline Kendall
REGISTERED AGENT MUST SIGN

Date *3-2-09*

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	Kendall, Jacqueline	3219 48th St E	Palmetto FL 34221
T	Kendall, Martin	3219 48th St E	Palmetto FL 34221
ST	Simmons Lakeicha K	602 10th St W	Palmetto FL 34221

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:

Jacqueline Kendall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-2-09

Daytime Phone #

941-776-7574

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