


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 JUL -7 PM 1:39

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N99000006966**

1. Corporation Name  
**Holy Sanctuary of Deliverance Inc**

2. Principal Office Address - No P.O. Box # <b>239 301 Blvd E. #</b>		3. Mailing Office Address <b>4000 20th St. W</b>	
Suite, Apt. #, etc. <b>C</b>		Suite, Apt. #, etc. <b>#108</b>	
City & State <b>Bradenton, FL</b>		City & State <b>Bradenton, FL</b>	
Zip <b>34208</b>	Country <b>Manatee</b>	Zip <b>34205</b>	Country <b>Manatee</b>

10-11 CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida **11/22/1999**

5. FEI Number  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 **Jacqueline Kendall**

Street Address (P.O. Box Number is Not Acceptable)  
**4000 20th St. W.**

Suite, Apt. #, Etc.  
**#108**

City **Bradenton** State **FL** Zip Code **34205**

**REINSTATEMENT**

**700209724477**  
**07/07/11--01023--011 \*\*297.50**

**18P**  
**7/7**

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 E. Kendall** Date **6/28/2011**  
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
P.	<b>LAKEICHA SIMMONS</b>	<b>735 27th Ave W</b>	<b>Bradenton, FL 34205</b>
T	<b>MARRIN KENDALL</b>	<b>4000 20th St. W. #108</b>	<b>Bradenton, FL 34205</b>
S	<b>FREDDIE SMALLS</b>	<b>2311 7th Ave E</b>	<b>Palmetto, FL 34221</b>

10. E-mail Address: **injoyministriesnow@yahoo.com**  
(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 **Lakeicha Simmons** **Lakeicha Simmons** **6/28/2011** **(941)799-2041**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #