

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 MAR 21 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

732283

1. Corporation Name

THE HOLY UNION CHURCH OF DELIVERENCE, INC.

Principal Place of Business

Mailing Address

c/o Bishop David Eason c/o Bishop David Eason  
3895 N.W. 183 St 3895 N.W. 183 St.  
Opa Locka, Fl. 33155 Opa Locka, Fl. 33055

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1244 Alibaba

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

16320 N.W. 17 Ct.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

59-1662900

5. FEI Number

59-1662900

Applied For

Not Applicable

City & State  
Opa Locka, Fl.

City & State  
Opa Locka, Fl.

Zip  
33055

Country  
USA

Zip  
33055

Country  
USA

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip                                                  |
|---------------|-------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------|
| P             | EASON, DAVID                              | 3895 N.W. 183RD ST.                                    | OPA LOCKA FL 33055                                                       |
| VD            | REGINA EASOLN                             | 3895 N.W. 183 St.                                      | Opa Locka, Fl. 33055                                                     |
| T             | Alberta Wade                              | 1244 Ali Baba Ave                                      | Opa Locka, Fl, 33055                                                     |
| T             | Mary Robinson                             | 500 NW 13th Ave 409                                    | Miami, Fla. 33125                                                        |
| T             |                                           |                                                        | 500003932035-0<br>-03/30/01--01088--025<br>****297.50 ****297.50<br>11LS |

8. Name and Address of Current Registered Agent

EASON, DAVID  
3895 N.W. 183RD ST.  
OPA LOCKA FL 33055

9. Name and Address of New Registered Agent

Name

EASON, DAVID

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

3895 N.W. 183 Rd. St.

Suite, Apt. #, Etc.

City

Opa Locka

State

FL

Zip Code

33055

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.

Signature of  
Registered Agent

*David Eason*  
REGISTERED AGENT MUST SIGN

Date 3/14/01

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:

*David Eason*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #