

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC 22 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750052

1. Corporation Name

DELIVERANCE PRAYER HOUSE, INC.

Principal Place of Business

912 Olive Street
Titusville,
Florida 32780

Mailing Address

Carlton Blake
4811 Sisson Road
Titusville, Florida
32780

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/1979

5. FEI Number

59-1936661

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	BLAKE, CARLTON	4811 SISSON ROAD	TITUSVILLE FL 32780
D	BLAKE, MARJORIE	4811 SISSON ROAD	TITUSVILLE FL 32780
D	FOSTER, EWAN	2615 WILEY AVENUE	MIMS FL 32754
S	GRAHAM, ANNIE	857 BON AIR ST.	TITUSVILLE FL 32780
T	FOSTER, JOSEPHINE	2625 WILEY AVENUE	MIMS FL 32754

8. Name and Address of Current Registered Agent

RILEY, CATHERINE A.
2233 SOUTH WASHINGTON AVENUE
TITUSVILLE FL 32780

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

Catherine A. Riley
REGISTERED AGENT MUST SIGN

Date 12-19-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Carlton Blake
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-19-97 264-1492
Date Daytime Phone #