

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 SEP -5 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

750052

1. Corporation Name

DELIVERANCE PRAYER HOUSE, INC.

2. Principal Office Address

912 Olive Street

Suite, Apt. #, etc.

City & State

Titusville, Florida

Zip

32780

Country

USA

3. Mailing Office Address

912 Olive Street

Suite, Apt. #, etc.

City & State

Titusville, Florida

Zip

32780

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

591936661

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-02

7. Name and Address of Current Registered Agent

Name

Louisa White

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

912 Olive Street

Suite, Apt. #, Etc.

City Titusville

State
FL

Zip Code

32780

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

Louisa White

Date

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	Sheila Henderson	1165 Third Ave.	Titusville, FL 32780
T	Ewan Foster	2615 Wiley Ave.	Mims, FL 32754
T	Louisa White	305 N. Dixie Ave.	Titusville, FL 32796
T	Josephine Foster	2615 Wiley Ave.	Mims, FL 32754
T	Annie Graham	857 W.T. Stafford St.	Titusville, FL 32780

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 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:

Ewan Foster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (9/01)