

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

98 MAY -5 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755072

1. Corporation Name

The Good Shepherd Deliverance Temple Inc.

Principal Place of Business

Mailing Address

4960 Capital Circle SW
Tallahassee FL 32310

REINSTATEMENT 97/98

a. Mar 15/98

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11-10-80

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

Vidalia Georgia

Zip

Country

Zip

Country

30475

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	900002516599-5 -05/08/98 ****306.25 ****306.25
P.O.	J.C. Murray	4960 Capital Circle SW	Tallahassee FL 32310
V.P.	Kimberley C. Munn	5001 Center DR	Tallahassee FL
B.M.	Mary Ward	705 Mosley St	Vidalia Ga. 30495
S.T.	BARBARA M. SAKM	P.O. BOX 1017 N/A	Vidalia Ga. 30495
P.O.	Cedric Singleton	307 6th St	Vidalia Ga. 30475
B.O.	LORANZA SALEM	129 Mcintosh St.	Vidalia Ga 30475

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

J.C. Murray
4960 Capital Circle S.W.
Tallahassee FL 32310

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

J.C. Murray

REGISTERED AGENT MUST SIGN

Date

5-5-98

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:

J.C. Murray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Resident 5-5-98

Date

Daytime Phone #

CR2E040 (1/98)