

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 OCT 23 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760890

1. Corporation Name

DELIVERANCE TABERNACLE INCORPORATED

Principal Place of Business

3001 N. 22ND ST.
TAMPA FL 33605
US

Mailing Address

7211 SOUTH KISSIMMEE STREET
TAMPA FL 33616

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

12/03/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2344763

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	City, State, Zip
1	2	3	4
DP	DAVIS, ROY	7211 S. KISSIMMEE STREET	TAMPA, FL 00000
DV	CONAGE, LINDA	1612 32ND AVE	TAMPA, FL 00000
DS	ALEXANDER, YVONNE	1206 14TH AVE.	TAMPA, FL 00000
D	HEARD, JUDY	1307 27TH AVE.	TAMPA, FL 00000
D	DAVIS, DELORIS	7211 S. KISSIMMEE STREET	TAMPA, FL 00000

8. Name and Address of Current Registered Agent

DAVIS, ROY
7211 SOUTH KISSIMMEE STREET
TAMPA FL 33616

9. Name and Address of New Registered Agent

Name

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-15-2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Yvonne Alexander

Date

10-15-2000 (813) 839-8501

Daytime Phone #

CR2E040 (800)