| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. | | |
|---|--|---|
| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATION | FILED 06 11AY -5 AM 11: 20 |
| DOCUMENT # 401513 1. Corporation Name | | SECR TALLA STATE |
| Full Gospel Church of Deliverance of Florida City, INC. | | +91.0 ∆ |
| 2. Principal Office Address | 3. Mailing Office Address | 800075205078 05/24/0601026007 **673.75 |
| 950 N. W. 2 nd St. | 950 N.W. 2 St. | 35/12/04CR2E081 (12/05) 95-(8 |
| City & State | City & State | P. Date Incorporate de Ottabile 11 76 513 |
| Albrida City, FL. | | 5. FEI Number Applied For Not Applicable |
| 33034 U.S.A. | 33034 U.S.A. | CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status |
| Street Address (P.O. Box Number's NovAcceptable) and Street 800075205078 Suite, Apt. #, Etc. City Florida City State Zip Code 334 | | |
| 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 Key Alley & Kolley & Store REGISTERED AGENT MUST SIGN Date 3 22 200 6 | | |
| 9. Names and Street Addresses of Each Officer and | l/or Director (Florida nonprofit corporations must list at leas | st 3 directors) |
| Titles Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| P Pastor H. B Ro | 16 950 N.W. 259 | St. Florida City, FL. 33034 |
| VP Elder Raymond I | Bryant 925 Ostray Lav | ne Rockledge, FL. 32955 |
| C Phaebe Micela | it 1944 Canal Rd | · lake Wades, FL. 33898 |
| S Ola Perry Lee | 657 S.W. 43 A | tve Hamestead, FL. 33030 |
| T Samuel Bryant | II 980 S.W 7 Pl | Flarida City 33034 |
| | | |
| 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 filling 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 contained in Chapter 119, 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: SIGNATURE: Date Daytime Phone # | | |