

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 JAN 14 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 769325

1. Corporation Name

Calvary Deliverance Church, Inc.

2. Principal Office Address

2117 W. 44th St.

Suite, Apt. #, etc.

City & State

Jacksonville

Zip

32209

Country

USA

3. Mailing Office Address

1334 Walnut Street

Suite, Apt. #, etc.

City & State

Jacksonville

Zip

32206

Country

USA

**REINSTATEMENT** 2001-2002

4. Date Incorporated or Qualified  
To Do Business in Florida

07/12/1983

5. FEI Number

Not Applicable

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Theresa Smith

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

1334 Walnut Street

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32206

400004788664-9

01/22/02-01077-009

\*\*\*306.25 \*\*\*306.25

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

Theresa Smith

REGISTERED AGENT MUST SIGN

Date

Jan. 14, 2002

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
PD	Smith, David	1334 Walnut Street	JACKSONVILLE FL 32206
VSD TD	Smith, Theresa	1334 Walnut Street	JACKSONVILLE FL 32206
CD	Corbett, Charles	6775 Gaspar Cir.	JACKSONVILLE, FL 32219
D	Simmons, Henry	1334 Walnut Street	JACKSONVILLE, FL 32206

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:

Theresa Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

January 14, 2002

Daytime Phone #

(904) 358-7289 Home  
or  
(904) 475-1500

CR2E081 (9/01)