

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED


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02 FEB 18 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01020082

CORPORATION REINSTATEMENT



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

DOCUMENT # 9000000050.

1. Corporation Name
Love and concern Holiness church of Deliverance Home Out Reach Ministries Inc

2. Principal Office Address <u>8477 Sandridge Ct</u>		3. Mailing Office Address <u>8477 Sandridge Ct.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Tallahassee Fla.</u>		City & State <u>Tall, Fla</u>	
Zip <u>32305</u>	Country <u>USA</u>	Zip <u>32305</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida 1-10-2000

5. FEI Number 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 Rev. Charles E Mims

Street Address (P.O. Box Number is Not Acceptable)
8477 Sandridge Ct.

Suite, Apt. #, Etc.

City Tallahassee State FL Zip Code 32305

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****122.50 ****122.50

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 Charles E. Mims Date 2/18/02

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
DP	Rev. Charles Mims	8477 Sandridge Ct	Tall, Fla. 32305
VP	Sir. Dorothy Mims	8477 Sandridge Ct	Tall, Fla 32305
S.O	Annie Campbell	103 McCaskle St.	Tall, Fla
D.	Sandra Jean Smith	2110 Lake Ave.	Tall, Fla 32304

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: Rev. Charles E. Mims Date 2/18/02 850-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 210-2431

CR2E081 (9/01)

Rev: Charles E. Munn

Res: Agent states

Calif

8477 Sandwick Ct.
Fall, Hu 32305

Re, Reinstated letter notice of
non Delivered / or Receipt of state
Docs of Cooperatives at above Address

o ~~Rev: Charles E. Munn~~

Date 07/18/02.