

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 JAN 16 PM 5:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *1000000 150*

1. Corporation Name  
*(None)*  
Love & Concern Holiness Church of Deliverance, Outreach Ministry Inc.

800086176668  
01/25/07--01009--006 \*\*183.75

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # 2016-B South Adams Street		3. Mailing Office Address 3795 Roswell Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee, Florida		City & State Tallahassee, Florida	
Zip 32301	Country United States	Zip 32310	Country United States

4. Date Incorporated or Qualified To Do Business in Florida

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  
Charles Mims

Street Address (P.O. Box Number is Not Acceptable)  
3795 Roswell Drive

Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32310

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 \_\_\_\_\_ Date \_\_\_\_\_

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
President	Elder Charles Mims	3795 Roswell Drive	Tallahassee, FL 32310
Vice President	Dorothy Mims	3795 Roswell Drive	Tallahassee, FL 32310
Secretary	Dorothy Williams	<i>71 Tallahassee, FL 32310</i>	<i>Tallahassee, FL 32310</i>
Asst. Secretary	Sandra Smith	Lake Bradford Road	Tallahassee, FL

*B 1/16/07*  
*STATEMENT 05-07*

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 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: *Elder Charles Mims - 1/16/07* 850-544-3106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_