

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 29 PM 4:22

DOCUMENT # **N000000000150**

1. Corporation Name

*Love and concern Holiness Church
of Deliverance; (Home outreach ministries, Inc)*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09-10

100167567351
02/01/10--01001--019 **122.50

2. Principal Office Address - No P.O. Box #

2107 Jackson Bluff Rd.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, Fla

City & State

Tallahassee, Fla

Zip

32304

Country

Leon

Zip

32304

Country

Leon

REINSTATEMENT

4. Date incorporated or Qualified
To Do Business in Florida

08/8/08

5. FEI Number

04-3616267

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

2007 Jackson Bluff Rd

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

Charles Mims

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32304

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

Charles Mims

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
<i>Pres.</i>	<i>Dorothy Mims</i>	<i>2107 Jackson Bluff Rd.</i>	<i>Tall, Fla. 32304</i>
<i>Tres.</i>	<i>Sandra Smith</i>	<i>2107 Jackson Bluff Rd.</i>	<i>Tall, Fla. 32304</i>
<i>Secy.</i>	<i>Charles Mims</i>	<i>2107 Jackson Bluff Rd.</i>	<i>Tall, Fla. 32304</i>

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Charles Mims 1/29/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #