

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 31 PM 2: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #N00000000761

1. Corporation Name

University Deliverance Outreach Programs,
Inc.

2. Principal Office Address

8801 Nebraska Ave. N.

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33604

Country

United States

3. Mailing Office Address

5035 Knollwood Pl

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33617

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/2000

5. FEI Number

593623606

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Darryl D. Whitehead

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

5035 Knollwood Pl

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33617

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

Darryl D. Whitehead

REGISTERED AGENT MUST SIGN

Date

10/25/06

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	Apostle Darryl D. Whitehead	5035 Knollwood Pl	Tampa, FL 33617
SD	Prophetess Shearon Whitehead	5035 Knollwood Pl	Tampa, FL 33617
TD	Erica S. Jones	4436 Perch Street	Tampa, FL 33617

000081362930

10/31/06--01026--017 **138.50

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:

Darryl D. Whitehead

Darryl D. Whitehead

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/06

Daytime Phone #

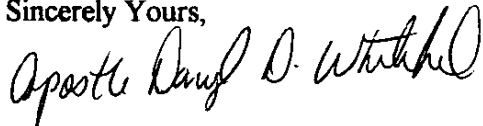
813-980-2483

October 25, 2006

To Whom It may Concern,

I Apostle Darryl D. Whitehead, am writing you this letter to inform you that I did not receive my renewal letter for my church ministry (University Deliverance Outreach Ministry Inc.) Or my church Programs (University Deliverance Outreach Programs Inc.). I have moved from Gainesville Fl to Tampa Fl.. I just found out that my corporation was inactive. I am sending my reinstatement applications along with my renewal fee. I was stated the amount of \$122.50 for both and I also included the \$8.50 for a certified copy of both Ministry and Programs. If you should have any problems please feel free to reach me at 813-980-2423 home or my cell phone at 353-871-1601. Thank you in advance.

Sincerely Yours,

A handwritten signature in black ink that reads "Apostle Darryl D. Whitehead". The signature is written in a cursive, flowing style.

Apostle Darryl D. Whitehead
Pastor, Director and President