

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUL -6 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 00000002628

1. Corporation Name

EVERLASTING Covenant Praise, Worship
AND DELIVERANCE Ministries, INC.

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

10940 CALDWELL LN.

3. Mailing Office Address

10940 Caldwell Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT WORTH, TEXAS

City & State

FORT WORTH, Texas

Zip

76179

Country

USA

Zip

76179

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

4-20-2000

5. FEI Number

562175196

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

~~EVERLASTING~~ RICHARD ORONA

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

2061 GULF to Bay

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33765

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/20/07

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
P	RICHARD ORONA	10940 CALDWELL LN	FORT WORTH, TX 76179
C	CLAVON LEONARD	12507 Cedar Fall Dr.	Huntersville, NC 28098
S	JENNIFER ORONA	5821 GIDDYUP LANE	FORT WORTH, TX 76179
		700105652767	
		07/09/07 01060 006 **297.50	
		REINSTATEMENT 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:

[Signature] RICHARD ORONA

Date

6/26/07

Daytime Phone #

817-501-1272