


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
2006 DEC 5 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006728

1. Corporation Name

International Deliverance
Center, Inc.

2. Principal Office Address

16021 SW 288 St.

Suite, Apt. #, etc.

3. Mailing Office Address

1918 Dalton Way

Suite, Apt. #, etc.

City & State

Homestead Fl.

City & State

Hampton Ga.

Zip

33030

Country

U.S.A.

Zip

30228

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10-9-2000

5. FEI Number

65-1038516

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Prescious Johnson

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

67A NE 9th Court

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33030

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

Prescious Johnson

Date 10-10-2006

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
D	Williams Lakenyia	15340 SW 284st #174	Homestead Fl. 33033
DP	Hills George	28302 SW 157 Ave.	Homestead Fl. 33030
DS	Johnson Prescious	67-A NE 9th Court	Homestead Fl. 33030
D	Cunningham Janice	11352 SW 191 Lane	Homestead Fl. 33030
P	Hills- Johnson Joanne	16021 SW 288 St.	Homestead Fl. 33030
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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:

Joanne Johnson-Hills

10-10-06

(70)473-3321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #