

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 PM 4:35

DOCUMENT # *NO1000005472*

1. Corporation Name

CONSUMING FIRE DELIVERANCE MINISTRIES INC.

2. Principal Office Address

2170-PRINCETON STREET

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

Zip

34237

Country

SARASOTA

3. Mailing Office Address

2170-PRINCETON STREET

Suite, Apt. #, etc.

City & State

SARASOTA, FLA.

Zip

34237

Country

SARASOTA

4. Date Incorporated or Qualified
To Do Business in Florida

8/01/2001

5. FEI Number

65-1124883

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALPHONSO DAVIS

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

2913-CHURCH AVENUE

Suite, Apt. #, Etc.

N/A

City

SARASOTA

State

FL

Zip Code

34234

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 4/29/03

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	ALPHONSO DAVIS	2913-CHURCH AVE.	SARASOTA, FL. 34234
D	DOROTHY DAVIS	2913-CHURCH AVE.	SARASOTA, FL. 34234
D	ANNIE L. DAVIS	308-23RD STREET	PALMETTO, FL. 34221

05/08/03--01004--015 **140.00

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 under section 119.07(3)(i), 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:

ALPHONSO DAVIS

4/29/03

941-362-9526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

Alphonso Davis, Pastor

Dorothy Davis, Co-Pastor



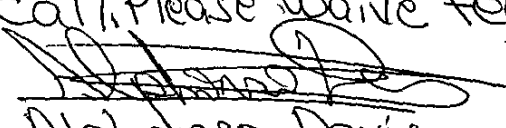
To:

Fla. Dept DF State
Secretary DF State
Division of Corporations

(April 30, 2003)

Re: Reinstatement

This is a letter from Consuming Fire Deliverance Ministries Inc., stating that we did not receive previous Uniform Business Reports for our Corporation because we have moved four times since the Corporation came into existence and our addresses have changed with reference to our mail and have been misplaced because of the multiple moves. Our new address is 2170-Princeton Street Sarasota, Fla. 34234 Tel. 941-362-9526. If there is any questions please feel free to call. Please waive fee.
Thank you!


Alphonso Davis

2170-Princeton Street Sarasota, Fla. 34237
(941) 362-9526