

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **N01000005497**

1. Corporation Name

UPPER ROOM DELIVERANCE TABERNACLE INC

Principal Place of Business

Mailing Address

**78 ANN LEE LANE
TAMARAC FL 33319
FL**

**78 ANN LEE LANE
TAMARAC FL 33319
FL**



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

**113 S. State Rd 7
Plantation, Florida
City & State
33319 USA
Zip Country**

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/2001

5. FEI Number

320029237

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	Lev Oliver	78 Ann Lee Lane	TAMARAC, FL 33319
VP	Janet Fender	3520 SW 12th CT	Ft. Lauderdale FL, 33312
T	Claudia Bennett	3520 N-W-50th Ave	Lauderdale Lakes, FL 33319
S/D	Tamika Arnassalan	7839 Hampton Blvd.	North Lauderdale FL 33069
D	Taniel Brown	403 N.W. 68th Ave Bld - 5, # 417	Plantation, FL, 33317
D	Natasha Oliver	78 Ann Lee Lane	TAMARAC, FL 33319

8. Name and Address of Current Registered Agent

**OLIVER, LEV A
78 ANN LEE LANE
TAMARA FL 33319**

9. Name and Address of New Registered Agent

Name

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

800002948348

Suite, Apt. #, Etc.

11/13/02--01015--027 **245.00

City

State
FL

Zip Code

CR2ED40 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/04/02

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 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:

SIGNATURE REQUIRED Oliver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/04/02 954610097