


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000006899		
1. Entity Name THE DELIVERANCE HOLY TEMPLE, INC.		

Principal Place of Business 202 N.W. 9TH AVE. BOYNTON BEACH, FL 33435	Mailing Address 5015 WINTER GARDEN PKWY FORT PIERCE, FL 34951
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2. Principal Place of Business	3. Mailing Address 5241 Cedar Lake Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 435
City & State	City & State Boynton Beach, FL
Zip	Zip 33435
Country	Country

FILED
05 MAR 30 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01132005 REIN-NP CR2E099 (6/04)

6. Name and Address of Current Registered Agent SMITH, ROBERT L PASTOR 5015 WINTER GARDEN PARKWAY FORT PIERCE, FL 34951	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5241 Cedar Lake Road Apt. # 435 City Boynton Beach FL Zip Code 33435
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROBERT L 1132 AVENUE D FT PIERCE, FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, PATRICIA 1132 AVENUE D FT PIERCE, FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Shantell Joseph 6031 SW 36th Ct. Unit E Miramar, FL 33023 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEE, ALBERTA 1132 AVENUE D FT PIERCE, FL 34950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Melissa Pearsell 5241 Cedar Lake Road Apt. #435 Boynton Beach, FL 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, JAMES JR 2711 AVE F FORT PIERCE, FL 34947 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900050863639 04/15/05--01009--016 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, ROTRICE F 5015 WINTER GARDEN PARKWAY FORT PIERCE, FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900050863639 04/15/05--01009--017 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Robert L Smith (561) 737-8695
Signature and typed or printed name of signing officer or director Date Daytime Phone #