



# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N01000006899</b> 1. Entity Name THE DELIVERANCE HOLY TEMPLE, INC.						<b>FILED</b>  06 DEC 28 PM 3:41  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 202 N.W. 9TH AVE. BOYNTON BEACH, FL 33435				Mailing Address 5241 CEDAR LAKE ROAD #435 BOYNTON BEACH, FL 33435			
2. Principal Place of Business		3. Mailing Address 202 N.W. 9th Ave Suite, Apt. #, etc. Box				 <b>REINSTATEMENT 2006</b> 102720061 REIN-NP CR2E099 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State Boynton Beach FL					
Zip		Country		Zip 33435		Country	
4. FEI Number 03-0435160				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  SMITH, ROBERT L PASTOR 5241 CEDAR LAKE ROAD, APT 435 BOYNTON BEACH, FL 33435				7. Name and Address of New Registered Agent Name Pastor Robert Smith Street Address (P.O. Box Number is Not Acceptable) 202 N.W. 9th Ave City Boynton Beach FL Zip Code 33435			
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, the registered agent.							
SIGNATURE <u>Robert Smith Pastor</u> <u>12-26-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2007, Fee will be \$122.50</b>				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	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROBERT L 1132 AVENUE D FT PIERCE, FL 34950			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Pastor Angelo C. Nelson Delray Beach, FL 33444 314 Southwest 9th Street		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, PATRICIA 1132 AVENUE D FT PIERCE, FL 34950			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200092812532 12/28/06--01009--006 **\$2.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOSEPH, SHANTELL 6021 SW 36TH CT, UNIT E MIRAMAR, FL 33023			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEARSELL, MELISSA 5241 CEDAR LAKE ROAD, APT #435 BOYNTON BEACH, FL 33435			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, ROTRICE F 5015 WINTER GARDEN PARKWAY FORT PIERCE, FL 34950			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROYAL LAFAZE Smith 202 N.W. 9th Ave Boynton Beach, FL 33435			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 exemptions contained in Chapter 119, 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: <u>Robert Smith Pastor</u> <u>12-26-06</u> <u>561/880-7920</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							