

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAR 17 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100120413001
03/17/08--01005--013 **191.25

DOCUMENT # NO1000008787

1. Corporation Name

Christian Deliverance Outreach
Ministry Inc

2. Principal Office Address - No P.O. Box #

1007 S Sanford Ave
Suite, Apt. #, etc.

3. Mailing Office Address

1007 S Sanford Ave
Suite, Apt. #, etc.

City & State

Sanford FL

City & State

Sanford FL

Zip Country

32771 US

Zip Country

32771 US

REINSTATEMENT ^{CR2E081 (12/07)}

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/2001

5. FEI Number

74-3029238

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name Karin Dennis

Street Address (P.O. Box Number is Not Acceptable)
210 S Laurel Ave

Suite, Apt. #, Etc.

City Sanford

State FL Zip Code 32771

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 Karin Dennis

REGISTERED AGENT MUST SIGN

Date 3-6-08

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	Rickey Parks	1000 E 9 th St	Sanford FL 32771
D	Nellie J Parks	1000 E 9 th St	Sanford FL 32771
PD	Craig Parks	1301 E McIntosh Rd	Griffin GA 30223
D	Netricka Parks	1000 E 9 th St	Sanford FL 32771
S	Michelle Perry	1007 S Sanford Ave	Sanford FL 32771
D	Scott Wright	324 Woodsted Cir	Lanham FL 32779

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: Rickey Parks Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/7/08 407-221-9295
Daytime Phone #

B. Mitchell MAR 17 2008