

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 27 AM 8:00

DOCUMENT # N02000001897

1. Corporation Name

GOD'S DELIVERY MAN MINISTRIES CHURCH, INC.

REINSTATEMENT 03-04

Principal Place of Business

Mailing Address

6500 FOREST CITY ROAD
ORLANDO FL 32810

6500 FOREST CITY ROAD
ORLANDO FL 32810



MRS

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

72-1415959

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	BRODNAX, J L	6500 FOREST CITY ROAD	ORLANDO FL 32810
D	BRODNAX, LADY	P O BOX 5082	ALEXANDRIA LA 71307 omit
D	STAFFORD, RENITA	604 SLOCUM DR	ALEXANDRIA LA 71302
D	ROLAND, IRMA	5248 RAPHEL DR	ALEXANDRIA LA 71303
D	BARNER, RODNEY	1813 GAMMON LN	ORLANDO FL 32811
100030590101 04/06/04--01009--002 **\$1.25			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRODNAX, J L 6500 FOREST CITY ROAD ORLANDO FL 32810	Name J. L. BRODNAX Street Address (P.O. Box Number is Not Acceptable) 6500 FOREST CITY ROAD Suite, Apt. #, Etc. City ORLANDO FL State FL Zip Code 32810
---	---

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
James Brodnax
REGISTERED AGENT MUST SIGN

Date 11/12/03

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
James Brodnax
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/03
Date

Daytime Phone #