

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pre b2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 17 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

702000003749

1. Corporation Name

**Restoration and Deliverance
Worship Center, Inc.**

W08000044327

2. Principal Office Address

1805 S. Ivey Lane

Suite, Apt. #, etc.

3. Mailing Office Address

1805 S. Ivey Lane

Suite, Apt. #, etc.

City & State

ORL FL

City & State

Orlando, FL

Zip

32811

Country

America

Zip

32811

Country

America

100081501111
11/03/06--01035--013 **192.50

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5-16-02

5. FEI Number

04-3701671

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Dorothy M. Mason**

~~Restoration and Deliverance Worship Center~~

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

~~1805 S. Ivey Lane~~ **St. Luke Missionary Baptist Church
1404 Bruton Blvd Or, FL 32805**

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32811

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

Dorothy Mason

Date

10-2-06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Officers and Directors (Florida nonprofit corporations must list at least 3 directors)

Titles	Names of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	Dorothy Mason	1805 S. Ivey Lane	ORL, FL 32811
President	Ronda Mason	1805 S. Ivey Lane	ORL, FL 32811
Vice President	Barbara Williams	7173 Coral Cove	ORL, FL 32805
Secretary	Yvette Mason	1805 S. Ivey Lane	ORL, FL 32811
Director	Geneva White	4532 Wheatley St.	ORL, FL 32811
Treasurer	Ashley Thomas	4231 Schank Ct.	ORL, FL 32811

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

Dorothy Mason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-2-06 407-648-
Daytime Phone # **0185**

October 2, 2006

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Restoration and Deliverance Worship
Center.

Dorothy Mason
1805 S. Ivey Ln
Orlando, FL 32811

TO Whom it may concern:

We are requesting Reinstatement/Reincorporation
for Restoration and Deliverance Worship Center.

We did not receive notices of Recertification
or dissolution for the years of 2004, 2005,
and 2006. We are requesting that you
Please waive the fees. We contacted
your office and we were told to submit
a check for \$183.75. We are including additional
information for Certification/Recertification Status Totaling