

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 27 PM 9:13

DOCUMENT # *NO2000006598*

1. Corporation Name *THE DEEPER LIFE MINISTRIES
CARIBBEAN-ROAD TOWN
TORTOLA, INC.*

2. Principal Office Address

1009 S. FISKE BLVD

Suite, Apt. #, etc.

City & State

ROCKLEDGE FL

Zip

32955

Country

USA

3. Mailing Office Address

1009 S. FISKE BLVD

Suite, Apt. #, etc.

City & State

ROCKLEDGE FL

Zip

32955

Country

USA

REINSTATEMENT

002E084 (1205)

05-06

4. Date Incorporated or Qualified
To Do Business in Florida

AUGUST 2002

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DR. SYLVESTER JONES

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

1009 S. FISKE BLVD

Suite, Apt. #, Etc.

ANNEX

City

ROCKLEDGE

State

FL

Zip Code

32955

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

Dr. Sylvester Jones
REGISTERED AGENT MUST SIGN

Date *11-9-06*

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
BISHOP	MARCUS E. BARKER	2550 VIRGINIA AVE INAYCROSS, GA	31503

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

M. Barker *MARCUS E. BARKER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-9-06

Daytime Phone #

912 338 8931
912 816 5420

NOV 27 2006