

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 FEB 20 PM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000003485

1. Corporation Name

The New Stay In Touch With God Deliverance Ministries Inc.

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

1819 Rogero Road

Suite, Apt. #, etc.

3. Mailing Office Address

455 Winter Street

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32211

Country

USA

Zip

32254

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/2003

5. FEI Number

450504284

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

X

7. Name and Address of Current Registered Agent

Name

Mercy D. Jones

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

455 Winter Street

Suite, Apt. #, Etc.

City

Jacksonville, Florida

State

FL

Zip Code

32254

REINSTATEMENT

10-13

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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

Mercy D. Jones

REGISTERED AGENT MUST SIGN

Date 2-13-2013

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
P/D	Mercy D. Jones	455 Winter Street	Jacksonville, Florida 32254
VP/D	Willie R. Jones	455 Winter Street	Jacksonville, Florida 32254
T/D	Ronnie Washington	933 Cornwallis Drive	Jacksonville, Florida 32208
S/D	Tina L. Jones	3544 Saint Johns Bluff Road South, #209	Jacksonville, Florida 32224

10. E-mail Address: PMDJONES@COMCAST.NET

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Mercy D. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-2013 Date (804) 422-3903 Daytime Phone #

Williams FEB 20 2013