

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 16 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000005383

1. Corporation Name

Deliverance Temple

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

3047 Plymouth St

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32205

Country

USA

3. Mailing Office Address

3047 Plymouth St.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32205

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/28/2004

5. FEI Number

27-0082129

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

500145937895
03/16/09--01051--015 **306.25
REINSTATEMENT 05-09

7. Name and Address of Current Registered Agent

Name

Alva D. Harris

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

1802 E 25th St

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32206

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.

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

Alva D. Harris
REGISTERED AGENT MUST SIGN

Date

3/9/09

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
Pres	Alva D. Harris	1802 E 25th St	Jax. FL 32206
VPres	Ida Harris	1802 E 25th St	Jax. FL 32206
Sec.	Arnetta Harris	1802 E 25th St	Jax. FL 32206

500145937895
03/16/09--01051--016 **8.75

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:

Alva D. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/9/09 904
703-0296
Daytime Phone #