

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 SEP 14 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0400000 7036

1. Corporation Name

Abundant Rain Deliverance Center Inc.

500159894735

08/25/09--01003--002 **184.00

REINSTATEMENT 07-09
CR2E081 (12/08)

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

4121 N.E. 15th Street

3. Mailing Office Address

P.O. Box 5412

Suite, Apt. #, etc.

#35

Suite, Apt. #, etc.

City & State

Gainesville

City & State

Florida

Zip

32609

Country

Alachua

Zip

32627

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/15/04

5. FEI Number

412116286

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

Betty Joe White - Oliver

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

4121 N.E. 15th Street

Suite, Apt. #, Etc.

#35

City

Gainesville

State

FL

Zip Code

32609

☒ 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

Betty Joe White - Oliver

REGISTERED AGENT MUST SIGN

Date August 20, 2009

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	Betty Joe White-Oliver	4121 N. E. 15th Street #35	Gainesville, Florida 32609
D	Sherriena B. Hines-Logan	648 N.E. 17th Street	Gainesville, Florida 32641
D	Patricia Vonderembse	481 Dino Drive	St. Augustine, Florida 32086

REINSTATEMENT 07-09

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:

Betty Joe White - Oliver
Betty Joe White - Oliver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 20, 2009
Date

352-745-2628
352-225-3790
Daytime Phone #

7/14/09