## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Sec. Tomekeia Coeina P.O. Box 2622 Palatka, FL. 32178 Deacon Ooughas Felton 994 Bruen Steet St. Augustine, FL. 32084		, , , , , ,	_			10 021 01		, <u></u>			••	
1. Corporation Name  For VANGE I; Stirc Deliverance Ministry Inc  2. Principal Office Address  5.440 Callously of Sulfa Address Sulfa, Ap. 8, etc.  4. Data incorporated or Qualified To De Business in Profits Aug 24, 1984  5. FEI Name  Tackscape: Ille, Fla.  Jackscape: Ille,		i i		Se	cretary of	State	TE .			05 OCT	8 PN 12:	
2. Principal Office Address Subject Su	1. Corporation Name	•							1,	Trans.	i.filon	iTt. iDA
Suite, Apr. 8, etc.  City & State  City & State  City & State  Country  Countr	EVAN	sgelis	diC I	De livera	ince .	MinisHk	%	Inc				
Suite, Apt. 8, etc.  Suite, Apt. 9, etc.  Suite, Ap	2. Principal Office Address 3. Mailir			3. Mailing Office	iling Office Address			DEMOTATERATE.				
City & State  Country  Count							_	1 UCHA 1 147 141 141 143-02				
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Surface of Each Officer and/or Directors    Signature of Officers and/or Directors   State   Officers and/or Directors   State   Officers and/or Directors   Officers and/	امین برای						-					
Street Address of Current Registered Agent  Street Aginess (P.O. Box Number is Not Acceptable)  Street Aginess (P.O. Box Number is Not Acceptable)  Street Aginess (P.O. Box Number is Not Acceptable)  State 21,0 Code  FL 72209  8. I. being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607,0505 or 617,0503, F.S.  Signature of Registered Agent (Author)  Registered Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Rake Out of Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Rake Out of Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Rake Out of Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Rake Out of Agent	Zip R 1 1 M	Country	I	Zip		ountry	<del>-</del>	6.		_ 8		**
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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 Poster in Control of Registered Agent Hostoria, and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Poster in Control of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Poster in Control of Inc.  Registered Agent Hostoria, and accept the obligations of section 607.0505 or 617.0503, F.S.  Date Oct 18, 2005  Registered Agent Hostoria, and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Poster in Control of Inc.  Registered Agent Hostoria, and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Poster in Control of Inc.  Registered Agent Hostoria, and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Poster in Control of Inc.  Signature of Poster in Control of Inc.  Signature of Inc.  Signature of Poster in Control of Inc.  Signature of Inc	Street								/05	<del>S 1                                   </del>	<del>42:81</del> .0 **805	00
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607,0503 or 617,0503, F.S.  Signature of Registered Agent Rostor: Date DCA 18, 2005  REGISTERED AGENT MUSTSIGN  9. Names and Street Addresses of Each Officer and/or Directors  Titles Officers and/or Directors  Street Address of Each Officer and/or Directors  Officer and/or Directors  Street Address of Each Officer and/or Directors  Officer and/or Directors  Street Address of Each Officer and/or Directors  Officer and/or Director  ASS. Translate Out of the Address of Each Officer and/or Directors  Street Address of Each Officer and/or Director or the Street St	Suite,	Suite, Apt. #, Etc.									<u> </u>	
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titlus Officers and/or Directors Officer and/or Director Officer Associated Associated Officer and/or Director Officer and/or Director Officer and/or Director Officer and/or Director Officer	Registered Agent TUSTOR, We will I DRUS								Date _	DC# 18	3,2005	
Titles Name of Officers and/or Directors  Street Address of Each Officer and/or Director  Rastee Could A. Jones 5440 Calloway of Jacksonville, FL. 37209  Assir Pastee Orhalia & Ones 5440 Calloway of Jacksonville, FL. 37209  Reasure Orhalia Longo 5440 Calloway of Jacksonville, FL. 37209  Sec. Tomekeia Coe; na P.O. Box 2622  Palatka, FL. 32178  Deach Onuglas Felton 994 Bruen Steet St. Augustine, FL. 32084  Deach Onuglas Felton 994 Bruen Steet St. Augustine, FL. 32084  Deach Onuglas Felton 994 Bruen Steet St. Augustine, FL. 32084  Signature: Deach Steet St. Augustine St., 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 under section 191.07(3)(), 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 under section 191.07(3)(), F.S. The information inclicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  Oct 18, 2005 (386)  235-0745	9. Names and Stree	et Addresses of I					ist at least	t 3 directors)		<u></u>		
Pastor Orhalia & Jones 5440 Calloway ct Jacksonville, FL, 32209  Sec. Tomekeia Coeing P.O. Box 2622 Palatka, FL, 32178  Deacon Orugha Felton 994 Bruen Steet St. Augustine, FL, 32084  Deacon Orugha Felton 994 Bruen Steet St. Augustine, FL, 32084  Deacon Orugha Felton 994 Bruen Steet St. Augustine, FL, 32084  Signature: Was a polication, 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 under section 119.07(3)(i), 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: David A. Adulus Oct 18, 2005 (386)		N	lame of		·	Street Address of	of Each			City / S	tate / Zip	
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Deacon  Tomekeia Coeing  P. D. Box 2622  Palatka, FL. 32178  Peacon  Ocudes Felton  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 under section 119.07(3)(i), 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:  Oct 18, 2005  (386)  235-0745	TREASURE ON A	halia	Om			- الـ ۸		· <del>/</del>	Jack	(รคาย:โ	le H.	37219
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SIGNATURE: 1 (1. 40)(1. 40)(1) Oct 18, 2005 235-0745	this reinstatement owed by the corp	it application, the oration have be	e reason for disso en paid and the r	olution has been e names of individua	liminated, the is listed on th	corporate name s is form do not qual	atisfies th lify for an	e requirements exemption und	of section	607.0401 or 617 119.07(3)(i), F.S.	.0401, F.S., that The information	t all fees indicated
1.0 2005	SIGNATURE:	SIGNATURE AN	ND TYPED OR PRI	NTED NAME OF SIG	SNING OFFICE	R OR DIRECTOR		Oct 19	3, 200 Date	25	235-0	745