


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 OCT 18 PM 12:17 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N04811					
1. Corporation Name Evangelistic Deliverance Ministry, Inc					
2. Principal Office Address 5440 Calloway ct Suite, Apt. #, etc.		3. Mailing Office Address 5440 Calloway ct Suite, Apt. #, etc.		REINSTATEMENT 93-05 CR2E001 (8/05)	
City & State Jacksonville, Fla. Zip 32209 Country Duval		City & State Jacksonville, Fla. Zip 32209 Country Duval		4. Date Incorporated or Qualified To Do Business in Florida Aug 24, 1984	
5. FEI Number 02-0750623				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				38.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name David A. Jones					
Street Address (P.O. Box Number is Not Acceptable) 5440 Calloway ct					
Suite, Apt. #, Etc.					
City Jacksonville, Florida State FL Zip Code 32209					
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 Pastor: David A. Jones Date Oct 18, 2005					
REGISTERED AGENT MUST SIGN					
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	
Pastor	David A. Jones	5440 Calloway ct		Jacksonville, FL 32209	
ASSIST	Arghelia B. Jones	5440 Calloway ct		Jacksonville, FL 32209	
Pastor	Arghelia Jones	5440 Calloway ct		Jacksonville, FL 32209	
Treasurer	Tomekeia Coring	P.O. Box 2622		Palatka, FL 32178	
Sec.	Douglas Felton	994 Bruen Street		St. Augustine, FL 32084	
Deacon					
Deacon					
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: David A. Jones Date Oct 18, 2005 Daytime Phone # (904) 745-6016 (386) 235-0745					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

B. Mitchell OCT 18 2005