

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 28 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000011373

1. Corporation Name

GIFT OF DELIVERANCE CHURCH, INC

600163979986
12/28/09--01034--021 **183.75

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

4142B 5th Ave N.

Suite, Apt. #, etc.

3. Mailing Office Address

3031 24th Ave North

Suite, Apt. #, etc.

City & State

SAINT PETERSBURG

Zip

33713

Country

Pinellas

City & State

SAINT PETERSBURG FL

Zip

33713

Country

Pinellas

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

10-30-06

5. FEI Number

56-2624227

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

STEVE L. KENAN

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

3031 24th AVE NORTH

Suite, Apt. #, Etc.

City

SAINT PETERSBURG

State

FL

Zip Code

33713

☒ 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

Steve L. Kenan

Date 12-23-09

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	STEVE L. KENAN	3031 24th Ave NORTH	SAINT PETERSBURG FL 33713
Minister	ALICE D. LONG, KENAN	3031 24th Ave NORTH	SAINT PETERSBURG FL 33713

REINSTATEMENT

RH

10. E-mail Address: Akenan@TampaBay.RR.Com

(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., 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.

SIGNATURE:

Steve L. Kenan Steve L. Kenan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-23-09 (12/27) 383-3715

Daytime Phone #