

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO900006341

1. Corporation Name

Faith Deliverance Int. Outreach Min, Inc.

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

1139 Kissimmee St.

Suite, Apt. #, etc

3. Mailing Office Address

P.O. Box 441

Suite, Apt #, etc.

City & State

Tallahassee

City & State

Midway

Zip Country

32310 Leon

Zip Country

32343 Gadsden

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

80-0433829

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

Carolyn Albert

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

~~P.O. Box 441~~ 175 Silverhill Rd

Suite, Apt. #, Etc.

City

Midway

State

FL

Zip Code

32343

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

Carolyn Albert
REGISTERED AGENT MUST SIGN

Date 3/19/2012

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
T	Deacon Luther Albert	175 Silverhill Rd.	Midway Fl. 32343
S	Sect. Carmete Moore	171 Silverhill	Midway Fl. 32343
D	Pastor Carolyn Albert	175 Silverhill	Midway Fl. 32343

10. E-mail Address:

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Carolyn Albert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/2012

Date

Daytime Phone #

FILED
 12 MAR 19 AM 10:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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