PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUL 16 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18077

1. Corporate Name DELIVERANCE EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business: 5715 TURKEY LAKE ROAD ORLANDO FLORIDA 32819

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below

REINSTATEMENT 91-990

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip Country

3. New Mailing Office Address, If Applicable
P.O. BOX 616666
Suite, Apt. #, etc
City & State ORLANDO FLORIDA
Zip 32861 Country ORANGE

4. Date Incorporated or Qualified To Do Business In Florida DEC. 4, 1986

5. FEI Number Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City-State-Zip 4
PRESIDENT D	BISHOP HERRO VERNE BLAIR	7114 HARBOR HEIGHTS DRIVE	ORLANDO FLORIDA 32835
SECRETARY D	AINSLEY BLAIR	5210 FAWNWAY COURT	ORLANDO FLORIDA 32819
TREASURER D	KINGSLEY BLAIR	1001 CLOVERCREST ROAD	ORLANDO FLORIDA 32811

8. Name and Address of Current Registered Agent

AINSLEY BLAIR
5210 FAWNWAY COURT
ORLANDO FLORIDA 32819

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent @Blair REGISTERED AGENT MUST SIGN Date July 13, 1999

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 the 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 the 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: Herro Verne Blair July 13, 1999 312-5466
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

7/16/99