

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -4 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 25940**

1. Corporation Name

**THE PILLAR GROUND HOLINESS DELIVERANCE
CHURCH, INC**

2. Principal Office Address

712 WEST LISBON PARKWAY

Suite, Apt. #, etc.

3. Mailing Office Address

712 WEST LISBON PARKWAY

Suite, Apt. #, etc.

City & State

DELAND FL

Zip

32720

Country

USA

City & State

DELAND FL

Zip

32720

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3017452

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

WALTER KELLEY

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

712 WEST LISBON PARKWAY

Suite, Apt. #, Etc.

City

DELAND

State

FL

Zip Code

32720

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**

Walter Kelley

REGISTERED AGENT MUST SIGN

Date 5-28-04

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
PD	WALTER KELLEY	712 W. LISBON PKWY	DELAND, FL 32720
D	GLORIA DUBOSE	300 W. ATWATER AVE #402	EUSTIS, FL 32720
D	JEROME PORTER	719 E. NEW ST	DELAND, FL 32724
D	EVELYN KELLEY	712 W. LISBON PKWY	DELAND, FL 32720
D	KEN SMART	129 BRIDGEHAVEN DR	PALEM COAST, FL 32135
ST	LINDA PORTER	719 E. NEW ST	DELAND, FL 32724

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:

Walter Kelley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5-28-04 Daytime Phone #

WALTER KELLEY, PRESIDENT

CR2E081 (01/04)