

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 15 AM 8:00

DOCUMENT # N32906

1. Corporation Name

Faith Miracle Deliverance, Inc

2. Principal Office Address

8520 Vickie ST

Suite, Apt. #, etc.

N/A

City & State

Pensacola, FL

Zip

32514

Country

Escambia

3. Mailing Office Address

PO Box 4808

Suite, Apt. #, etc.

N/A

City & State

Pensacola, FL

Zip

32507-0808

Country

Escambia

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

June 29 1989

5. FEI Number

59-2958945

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

Prenecker Jackson

Prenecker Jackson

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

109 LAKEWOOD ROAD

900004713629-7

-12/07/01-01004-02

Suite, Apt. #, Etc.

PENSACOLA FL

****245.00 ****245.00

City

Pensacola FL

State

FL

Zip Code

32507

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 Prenecker Jackson
REGISTERED AGENT MUST SIGN

Date 11/13/01

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
D	Willie Richardson	907 Decatur	Pensacola FL 32507
D/T	Rose Elliot	6276 Ferguson Dr	Pensacola, FL 32503
D	Lillie Reese	1565 Macklin Place	Pensacola FL 32534
D	Alberta M. James	229 E Barker ST	Pensacola FL 32514
D	Maize Jackson	109 Lakewood Rd	Pensacola FL 32507
DIA	Prenecker Jackson	109 Lakewood Rd	Pensacola FL 32507

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: Maize Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-01 850-457-069
Date Daytime Phone #

CR2E081 (9/00)