

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 30 AM 10:40

DOCUMENT # *N 34158*

1. Corporation Name

Christian Deliverance Center, Inc.

1401 W. Spencer St

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
600104255896
06/12/07--01012--021 **1155.00
600104255896
06/12/07--01012--022 **8.75

REINSTATEMENT 92-07

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

1401 W. Spencer Street

3. Mailing Office Address

1401 W. Spencer Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plant City, Florida

City & State

Plant City, Florida

Zip

33563

Country

USA

Zip

33563

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

9/11/1989

5. FEI Number

59 2967896

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

Willie A. Snell

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

1401 W. Spencer Street

Suite, Apt. #, Etc.

City

Plant City,

State

FL

Zip Code

33563

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

Willie A. Snell

Date

5/23/07

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
D	<i>Willie A. Snell</i>	<i>1401 W. Spencer Street</i>	<i>Plant City, FL 33563</i>
D	<i>Mary E. Snell</i>	<i>1401 W. Spencer Street</i>	<i>Plant City, FL 33563</i>
D	<i>John T. Arthur</i>	<i>2408 E. MLK BLVD</i>	<i>Tampa, FL 33603</i>
D	<i>Tonika L. Snell</i>	<i>16341 N.W. 18th Ct.</i>	<i>Miami, FL 33054</i>
	<i>MWA</i>		

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 contained in Chapter 119, 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:

Willie A. Snell

Director

Date

5/23/07

Daytime Phone #

813 928 6239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR