

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 14 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34339

1. Corporation Name

THE BODY OF CHRIST DELIVERANCE MINISTRY INC.

2. Principal Office Address

3127 FRANKLIN STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

3206-2417

Country

DUVAL

3. Mailing Office Address

3127 FRANKLIN STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

3206-2417

Country

DUVAL

REINSTATEMENT 01-05

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

09/20/1989

5. FEI Number

592973642

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

Victor Ray Robinson Sr.

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

6750 Ramona Blvd. Apt 526

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32205

500052181235
04/27/05--01004--008 **490.00

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

Victor Ray Robinson Sr.
REGISTERED AGENT MUST SIGN

Date

4/5/05

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	Victor Ray Robinson Sr.	6750 Ramona Blvd Apt.526	Jacksonville, FL 32205
D	Jeremiah I. Robinson	5710 Lenox Ave.	Jacksonville, FL 32205
D	Margaret J. Robinson	1933 Spruce Ave.	West Palm Beach, FL 33407

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:

Margaret J. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/5/05

Daytime Phone #

CR2E081 (01/05)