

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 FEB 20 PM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000905 (1)

1. Corporation Name
FAITH DELIVERANCE CHURCH of
WINTER PARK, INC

2. Principal Office Address - No P.O. Box # 5213-A SATEL ST 3. Mailing Office Address 770 W. WEBSTER AVE

Suite, Apt. #, etc.

City & State ORLANDO FL City & State WINTER PARK FL

Zip 32810 Country ORANGE Zip 32789 Country ORANGE

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida <u>12/23/1992</u>	
5. FEI Number <u>59-3158104</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <u>ONE CERTIFICATE</u> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name EUCKIAL ROLLE

Street Address (P.O. Box Number is Not Acceptable) 770 W. WEBSTER AVE

Suite, Apt. #, Etc.

City WINTER PARK State FL Zip Code 32789

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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 Euckial Rolle Date 02/15/2013
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
<u>PO</u>	<u>ROLLE EUCKIAL</u>	<u>770 W. WEBSTER AVE</u>	<u>WINTER PARK FL 32789</u>
<u>VO</u>	<u>BLAKE VERALEAN</u>	<u>7317 Woodridge Park Dr. Apt #3307</u>	<u>Orlando, FL 32818</u>
<u>T</u>	<u>THIBOU EVELYN N.</u>	<u>201 S. POPAR AVE</u>	<u>SANFORD 32771</u>

10. E-mail Address: N/A

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Euckial Rolle Date 02/15/2013 Daytime Phone # 407-448-1803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR