

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 00 NOV 29 PM 12:06
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # N94000001886

1. Corporation Name

THE HOUSE OF GOD NEW COVENANT DELIVERANCE MINISTRIES, INC.

Principal Place of Business

Mailing Address

401 WASHINGTON AVE
 INVERNESS FL 34450
 US

401 WASHINGTON AVE
 INVERNESS FL 34450
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/18/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3302841

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BURTON, RUBY J	755 N LEISURE OPT	INVERNESS FL
VCMD	BURTON, MICHAEL H SR.	755 LEISURE PT	INVERNESS FL
S	ROGERS, ROSE M	7733 S CHURCH TER4R	FORAL CITY FL
T	JACKSON, JOHNNIE	1404 WHITTIER ST	INVERNESS FL
D	MCMAHON, NATHAN JR.	801 LEROY BELLAMY ROAD	INVERNESS FL 34450
T	PALMER, ANNETTE	2107 PARKVIEW AVE	LEESBURG FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACKSON, JOHNNIE
 1404 WHITTIER STREET
 INVERNESS FL 34450

Name

Street Address (P.O. Box Number is Not Acceptable) 352-344-8947

Suite, Apt. #, Etc.

12/11/00--01002--021
 ***236.25 ***236.25

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Johnnie Jackson Jr.
 REGISTERED AGENT MUST SIGN

Date

11-04-00

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., 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:

Ruby Burton Ruby Burton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-84-80

Date

Daytime Phone #

352-344-8947

KE

CR2E040 (8/00)