

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N94000001886

1. Corporation Name

THE HOUSE OF GOD NEW COVENANT DELIVERANCE MINIS  
TRIES, 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.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/18/1994

5. FEI Number

59-3302841

Applied For

Not Applicable

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)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| 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)

Suite, Apt. #, Etc.

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-84-80 352-344-8947

KE



REINSTATEMENT

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FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CR2E040 (8/00)