

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JAN 31 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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02/07/07--01053--002 **980.00

REINSTATEMENT

95-07

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida		6-9-94
5. FEI Number	36-4550834	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED		38.75 Additional Fee required for a Certificate of Status

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000002860			
1. Corporation Name Rock of Deliverance Praise and Worship Center			
2. Principal Office Address 5414 Obie street		3. Mailing Office Address P.O. Box 29	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ebro, FL		City & State Ebro, FL	
Zip 32437	Country USA	Zip 32437	Country USA

7. Name and Address of Current Registered Agent	
Name Brenda Thornton	
Street Address (P.O. Box Number is Not Acceptable) 5134 Subdivision Road	
Suite, Apt. #, Etc.	
City Ebro	State / Zip Code FL 32437

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 Brenda Thornton	Date 1-29-07
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
P/C	Brenda Thornton	5134 Subdivision Rd	Ebro, FL 32437
O/V	Curtis Thornton	5134 Subdivision Rd	Ebro, FL 32437
O/I	Chantal Baker	5134 A Subdivision Rd	Ebro, FL 32437
O	Melissa Brand	5468 Gilley Rd.	Ebro, FL 32437

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: Chantal Baker	chantal Baker 1/29/07 850-535-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	