PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	A DEPARTMENT OF STATE Secretary of State VISION OF CORPORATIONS	FILED 06 OCT 31 PM 2: 22 ALUNETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # N9600000355		TALLAHASSEE, FLORIDA
1. Corporation Name University Deliverance Outreach Ministry,		
INC.		
2. Principal Office Address 3. Mailing Office Address		
8801 Nebrasta Ave 5035 Knollwood Pl		CR2E081 (12/05) 05 -0
Suite, Apt. #, etc. Suite, Apt. #	-, etc.	4. Date Incorporated or Qualified To Do Business in Florida 01/17/96
City & State Tampa, Florida Tamp	x Florida	5. FEI Number Applied For
Zip Country C/1 Zip	Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
3,360 4 United States 306/7 United States CERTIFICATE OF STATUS DESIREDITY for a Certificate of Status 7. Name and Address of Current Registered Agent		
Darry L D. Whitehead Street Address (P.O. Box Number is Not Acceptable) 5035 Knollwood PL Suite, Apt. #, Etc.		
city Tampa		State Zip Code FL 336/7
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 Date 10/25/06 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
.D Apostle Darry D. Whichead	5035 Knollwood	Pl Tampa, F1 33617
VPD Prophetes Shecron Whitehead	15035 Knollwood P	1 Tampa, F1 33617
SD Erica S. Jones	4436 Perch Str	cet Tampa, F/ 33617
	l de la la	19/31/9601026016 **138.50
-	7	
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 filling 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: Dame Of SIGNING OFFICER OR DIRECTOR Date Date Description of District Date Date Date Date Date Date Date Dat		

October 25, 2006

To Whom It may Concern,

I Apostle Darryl D. Whitehead, am writing you this letter to inform you that I did not receive my renewal letter for my church ministry (University Deliverance Outreach Ministry Inc.) Or my church Programs (University Deliverance Outreach Programs Inc.). I have moved from Gainesville Fl to Tampa Fl.. I just found out that my corporation was inactive. I am sending my reinstatement applications along with my renewal fee. I was stated the amount of \$122.50 for both and I also included the \$8.50 for a certified copy of both Ministry and Programs. If you should have any problems please feel free to reach me at 813-980-2423 home or my cell phone at 353-871-1601. Thank you in advance.

apostle Day O. Wholike

Apostle Darryl D. Whitehead

Pastor, Director and President