

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/22

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 17 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004430

1. Corporation Name

Holy Ghost Deliverance Evangelistic Temple
Incorporated

2. Principal Office Address

2897 Rogers Road
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Ft. Pierce, FL 34981

City & State

Same
City Country
St. Lucie

Zip

Country

St. Lucie

REINSTATEMENT 00-05
2/13/05

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0694015

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gwendolyn Reeves

Street Address (P.O. Box Number is Not Acceptable)

1919 North 25th Street

Suite, Apt. #, Etc.

City

Ft. Pierce

State

FL

Zip Code

34947

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

Gwendolyn Reeves

REGISTERED AGENT MUST SIGN

Date

2/13/05

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
Pastor	Gwendolyn Reeves	2897 Rogers Road	Ft. Pierce, FL 34981
Assist Pastor	Priscilla Dickey	2605 Ave. R.	Ft. Pierce, FL 34946
Minist.	Aaron Reeves	2897 Rogers Road	Ft. Pierce FL 34981
Deacon	Roscoe Dickey	1213 Avenue E.	Ft. Pierce, FL 34950
Sec.	Annereatha Banks	4708 El-Nueva Ave.	Ft. Pierce FL 34946

900047510219
03/01/05--01056--011 **367.50

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 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:

Gwendolyn Reeves

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

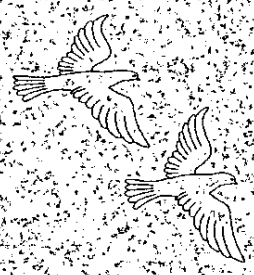
2/13/05

Daytime Phone #

972 216-2124

CR2E081 (01/05)

Zol



Holy Ghost Deliverance Evangelistic Temple, Inc.

*1919 North 25th Street
Ft. Pierce, Fl. 34947
Phone (77) 489-9923*

*Pastor Gwendolyn Reeves
(772) 464-3298*

Assistant Pastor Priscilla Dickey

Florida Department Of State
Division Of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, Fl. 32314

February 13, 2005

Reference: Corporation Reinstatement application
Document number N96000004430

Attention: Michelle Milligan

The corporate renewal report for 2000 was never received, could you please wave the reinstatement fees. Attached is the renewal application alone with a check in the amount of \$367.50 to bring our records current.

please forward future correspondence to Gwendolyn Reeves, 2897 Roger Road, Ft. Pierce, Fl. 34981, phone (772) 464-3298.

Annereatha Banks
Secretary



*The Wind Beneath
my Wings*