

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL -7 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005262

1. Corporation Name

LIFE TEMPLE OF DELIVERANCE, INC.

Principal Place of Business

Mailing Address

1922 WEST 5TH STREET
JACKSONVILLE FL 32206

P.O. BOX 3112
JACKSONVILLE FL 32206

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

2. New Principal Office Address, If Applicable

1467 W. 23RD ST.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1922 W. 5TH ST.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1996

5. FEI Number

59-3400898

Applied For

it Applicable

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32209 Duval

Zip

32209 Duval

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	WILLIAMS, WILLIE F	% 1922 WEST 5TH STREET	JACKSONVILLE FL 32206 32209
ED	WILLIAMS, GWENDOLYN D	% 1922 WEST 5TH STREET	JACKSONVILLE FL 32206 32209
FS	WILLIAMS, SHEILA E	4130 COMMACHE STREET #101 1922 W. 5 TH ST.	JACKSONVILLE FL 32205 32209
DAP	ROSS, ERNEST F omit	2713 CASTLE OAK AVE omit	ORLANDO FL 32808 omit
TD	WILLIAMS, ELIZABETH	% 1922 WEST 5TH STREET	JACKSONVILLE FL 32206 32209

REINSTATEMENT 98-00 TS

8. Name and Address of Current Registered Agent

WILLIAMS, WILLIE F
7374 HABBERSHAM DRIVE
ORLANDO FL 32818

9. Name and Address of New Registered Agent

Name
Willie F. Williams
Street Address (P.O. Box Number is Not Acceptable)
1922 W. 5TH ST.
Suite, Apt. #, Etc.
100003330161--4
-07/20/00-01051--021
City
Jacksonville
State
FL
Zip Code
32209

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

Willie F. Williams
REGISTERED AGENT MUST SIGN

Date 7-6-00

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Willie F. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-00

Date Daytime Phone #

CR2E040 (9/98)