

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 13 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

DELIVERANCE CENTER FOR ALL PEOPLE, INC.

N9700000217

2. Principal Office Address

1416 WEST 16TH ST.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

32209

Country

USA

3. Mailing Office Address

1416 WEST 16TH ST

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

32209

Country

USA

700005911677--5
-06/21/02--01079--005
***358.75 ***358.75

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/1997

5. FEI Number

59-3400462

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

CARLTON T. CURRY

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

1060 LOBSTER LANE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32218

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

Carlton Curry

REGISTERED AGENT MUST SIGN

Date

6/9/02

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	DARRYL WAKEFIELD	3416 CULLENDON LANE	JACKSONVILLE, FL. 32225
D	BEVERLY WINTERS	125 EAST 54TH STREET	JACKSONVILLE, FL. 32208
D	EARNEST ROBERTS	8729 8TH AVENUE	JACKSONVILLE, FL. 32208

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:

Darryl Wakefield

DARRYL WAKEFIELD

6/9/02

Date

904-632-1214

Daytime Phone #

CR2081 (9/01)