

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR 28 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001516

1. Corporation Name

Reach Out Deliverance
ministries, INC

2. Principal Office Address

927 GOLDWYN AVE PO BOX
Suite, Apt. #, etc.

214

City & State

ORLANDO FL 32805

Zip

Country

3. Mailing Office Address

680085
Suite, Apt. #, etc.

680085

City & State

ORLANDO FL

Zip

Country

32868 orange

4. Date Incorporated or Qualified
To Do Business in Florida

3/13/97

5. FEI Number

36-4149370

☒ 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

BRENDA S. HUNT

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

7348 BEACON HILL LOOP #1

Suite, Apt. #, Etc.

ORLANDO

City

State

FL

Zip Code

32818

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 S. Hunt

REGISTERED AGENT MUST SIGN

Date 3/5/01

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
Pres	Brenda S. Hunt	7348 BEACON HILL LOOP #1	ORLANDO FL 32818
Vice Pres	Roger Hunt Jr	7348 BEACON HILL 100P #1	ORLANDO FL 32818
Sec	Venita Collazo	7348 BEACON HILL 100P #1	ORLANDO FL 32818
Treas	Rebecca Green	2624 Silkwood Circle #22	ORLANDO FL 32818

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:

Brenda S. Hunt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/5/01

Daytime Phone #

CR2E081 (9/00)