

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 JAN -2 AM 9:29

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # N97000006223

1. Corporation Name  
 JESUS CHRIST WORD OF DELIVERANCE MINISTRY, INC.

Principal Place of Business: 2032 BLANDING BLVD. JACKSONVILLE FL 32210  
 Mailing Address: 2032 BLANDING BLVD. JACKSONVILLE FL 32210



REINSTATEMENT

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

2. New Principal Office Address, If Applicable 5211 TIMUQUALA Suite, Apt. #, etc. SUITE -3	3. New Mailing Office Address, If Applicable 1591 LAKE AVE APT 15-F Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 11/03/1997
City & State JACKSONVILLE FLA	City & State JACKSONVILLE FLA	5. FEI Number 59-3487578 Applied For Not Applicable
Zip 32210	Country DUVAL (Am)	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MACKEY, CHAVIN	6133 IRISH COURT	JACKSONVILLE FL 32205
T	GREENE, ALETHIA	1646 W 45TH ST, APT. 149	JACKSONVILLE FL 32208
D	WASHINGTON, ALLEN	1591 LAKE AVE S #149	JACKSONVILLE FL 32210
D	CHAVON MACKEY	SAME	JACKSONVILLE 32205
T	ROSA ALLEN	1041 Pierce St.	JACKSONVILLE 32209
D	COREY ROSE	1591 LAKE AVE APT 16H	JACKSONVILLE 32210

8. Name and Address of Current Registered Agent

HENRY, GREGORY  
 4721 SAN JUAN AVE.  
 JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc. 900003532659-5  
 City Jacksonville, FL State FL Zip 32236-25

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

*Gregory Henry*  
 SIGNATURE REQUIRED  
 REGISTERED AGENT MUST SIGN

Date

12-29-00

11. 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:

*GREGORY HENRY*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-29-00 904-786

Daytime Phone #

2373

CR2E040 (8/00)