

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 11 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N97000006223**

1. Corporation Name

**JESUS CHRIST WORD OF DELIVERANCE MINISTRY, INC.**

Principal Place of Business

Mailing Address

5211 TIMUQUANA  
SUITE 3  
JACKSONVILLE FL 32210

1591 LANE AVE APT 15-F  
JACKSONVILLE FL 32210

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/03/1997

5. FEI Number

59-3487578

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MACKEY, CHAVIN	6133 IRISH COURT	JACKSONVILLE FL 32205
T	ALLEN, ROSA	1041 PIERCE ST.	JACKSONVILLE FL 32209
D	ROSE, COREY	1591 LANE APT 16-H	JACKSONVILLE FL 32210

8. Name and Address of Current Registered Agent

HENRY, GREGORY  
1591 LANE AVE S  
APT 15-F  
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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. or 617.0505, F.S.

Signature of Registered Agent

*Gregory J. Henry*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 12-9-02

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 J. Henry*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-9-02 904986-2373  
Date Daytime Phone #

CPRE040 (6/02)