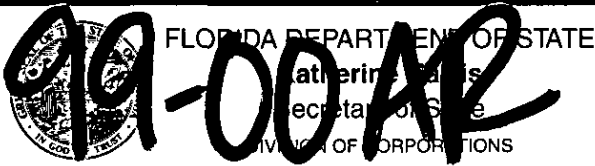


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg. 1 of 2

**CORPORATION  
REINSTATEMENT**



**FILED**

00 APR 21 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N98000005007

**1. Corporation Name**

DELIVERANCE OUTREACH CENTER  
TRAINING, EDUCATION, AND MISSION, INC.

**2. Principal Office Address**

1001 INGRAHAM AVE.

**3. Mailing Office Address**

2206 9th ST. N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HAINES CITY, FL

City & State

WINTER HAVEN, FL

Zip

33844

Country

POLK

Zip

33881

Country

POLK

**4. Date Incorporated or Qualified  
To Do Business in Florida**

8/31/98

**5. FEI Number**

59-3547338

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ **LS**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

KETURAH X. SMITH

900003236119-9

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

2206 9th ST. N.E.

05/03/00-01018-001

\*\*\*121.25 \*\*\*131.25

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33881

**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

Keturah X. Smith  
REGISTERED AGENT MUST SIGN

Date

4/18/2000

**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
PD	MARILYN J. WYATT	371 ALSTON DR.	ORLANDO, FL 32835
SD	CARLA MAYFIELD	420 W. Bay ST.	WINTER GARDEN, FL 34787
TD	KETURAH X. SMITH	2206 9th ST. N.E.	WINTER HAVEN, FL 33881

**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:**

Keturah X. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2000

Date

Daytime Phone #

CR2E081 (9/99)

4/18/00 pg. 2 of 2

TO WHOM IT MAY CONCERN,

WE DIDN'T RECEIVE AN ANNUAL  
REPORT FOR 1998, PLEASE WAIVE  
THE PENALTY FEE.

THANK YOU,

~~Keturah X Smith~~

KETURAH X. SMITH

DELIVERANCE OUTREACH CENTER  
TRAINING, EDUCATION, AND MISSION INC.

TOTAL DUE \$ 122.50  
+ 8.75  
131.25