

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 APR 23 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N99000004189

1. Corporation Name

Living Hope Church of Deliverance, Inc.

2. Principal Office Address - No P.O. Box #

1400 Central Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

1400 Central Ave.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34234

Country

USA

City & State

Sarasota, FL

Zip

34236

Country

U.S.A.

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

07/06/1999

5. FEI Number

650981132

☒ 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

Gilbert Robinson

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

1744 33rd St.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34234

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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**

REGISTERED AGENT MUST SIGN

Date 3/20/08

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
DD	Gilbert Robinson	1744 33rd St. Sarasota, FL	34234
DP	Ruby Robinson	1744 33rd St.	Sarasota, FL 34234
S	Peggy Williams	1591 7th St.	Sarasota, FL 34234
T	Dorretta Collins	SDTA Rosemond Dr 3523	Orlando, FL 32808
REINSTATEMENT			
06-08			

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 contained in Chapter 119, 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:

Gilbert Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/13/08

Daytime Phone #