PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 JUL -7 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006112

1. Corporation Name

Miracle Deliverance Outreach Center

REINSTATEMENT 01-04
5/19/01 91579 026 61.25

2. Principal Office Address	3. Mailing Office Address
1201 E. New York Ave	1201 E. New York Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
DeLand, FLA	DeLand, FLA
Zip: 32724 Country: USA	Zip: 32724 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10-11-99

5. FEI Number: 56-2467963 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

TR

7. Name and Address of Current Registered Agent

Name: Carolyn J. Lane

Street Address (P.O. Box Number is Not Acceptable): 2070 Keyes LN

900038819109
07/07/04--01031--001 **183.75

Suite, Apt. #, Etc.

City: Deltona FLA. 32738 State: FL Zip Code: 32738 → 32738

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: ~~Carolyn~~ Carolyn J. Lane Date: 7/2/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
Pastor	Carolyn J. Lane	2070 Keyes LN	Deltona, FLA. 32738
	~~Elder Andrew Lane~~	~~2070 Keyes LN~~	~~Deltona, FLA. 32738~~
Secretary	Faithe D. Lane	2070 Keyes	Deltona, FLA. 32738
Treasurer	Daniele Lane	522 W New Hampshire	DeLand, FLA. 32720

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.

386-216-3768

SIGNATURE: CAROLYN J. LANE Carolyn J. Lane 7-2-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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TO F/A Department of State Division of Corp.

I Mailed in the Report For 2001 an Never heard anything From it and I would like the late Fee To be Waved.

You the State of F/A has already Cashed A check For the year 2001 in the amount of $61.25. I was Told I need to include a check For the amount of $183.75

Pastor Carolyn Lane