

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 MAY -8 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N99000007151*

1. Corporation Name

Deliverance Gospel Temple Worship Center, INC

2. Principal Office Address

P.O. Box 2786

Suite, Apt. #, etc.

City & State

Gainesville

Country

America

3. Mailing Office Address

P.O. Box 2786

Suite, Apt. #, etc.

City & State

Gainesville

Zip

32602

Country

America

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

5. FEI Number

59-3616996

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

Kathleen Dames

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

2016 SW 73rd St

Suite, Apt. #, Etc.

City

Gainesville, FL 32607

200005307732--5

-04/19/02--01033--011

*****70.00 *****70.00

200005307732--5

-05/08/02--01026--015

*****122.50 *****122.50

State
FL

Zip Code

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

Kathleen Dames

REGISTERED AGENT MUST SIGN

Date *5/8/02*

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
P	Kathleen Dames	2016 SW 73rd St	Gainesville, FL 32607
Vp	Betty J. Daniels	1101 S.E. 15th St apt 48	Gainesville, FL 32601
S	Barbara Thomas	1101 S.E. 15th St	Gainesville, FL 32601
D	Carolyn Eagle	15 N.E. 14th St	Gainesville, FL 32641
D	Tanaka Greenwood	916 N Main St	Waldo, FL 32694
D	Florida Neal	17779 Hwy 329	Reddick, FL 32686

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:

Overseer Kathleen Dames
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/8/02

Daytime Phone #

3310668

CR2E081 (9/01)