## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION  |  |  | d)   |   |  | FILED  |  |  |  |  |  |  |
|--|--|--|--|---|--|--|--|--|--|--|--|--|
| STATEM   | ENT  |  |  | •   |  | 05 F   | EB -9 AI   | M 11: 51   |  |  |  |  |
| DOCUMENT #  1. Corporation Name  DELIVERANCE TIME MINISTRY INC. N990000  |  |  |  |   | TALLA  |  | AHASSEE,   | HASSEE, FLORIDA  |  |  |  |  |
|  |  |  |  |   |  |  | INST   | atemen   | 10   | 3-0  | ک<br>—   |  |
| 2. Principal Office Address 3149 N.PONCE DE LEON BLVE.   |  |  |  | 3. Mailing Office Address 3149 N. PONCE DE LEON BLVD.                           |  |  | 10/8/03 0/03/00/ #6/03  4. Date Incorporated or Qualified To Do Business in Florida DECEMBER 29 1999   |  |  |  |  |  |
| Suite, Apt. #, etc.  |  |  |  | Suite, Apt. #, etc.   |  |  |  |  |  |  |  |  |
| City & State<br>ST. AUGUSTINE, FLORIDA   |  |  |  | City & State<br>ST. AUGUSTINE, FLORIDA  |  |  | 5. FEI Number Applied For  ✓ Not Applicable  |  |  |  |  |  |
| Country UNITED STATES  |  | Zip<br>32084   |  | Country UNITED STATES   |  |  |  | ditional Fed   | e required   |  |  |  |
| 7. Name and Address of Current Registered Agent  |  |  |  |   |  |  |  |  |  |  |  |  |
| WILLIAM A. MONTGOMERY  |  |  |  |   |  |  |  |  |  |  |  |  |
| Street Address (P.O. Box Number is Not Acceptable) 44 CROOKSHANK DR.   |  |  |  |   |  |  |  |  |  |  |  |  |
| Suite, Apt. #, Etc.  |  |  |  |   |  |  | r our ou   | <u>01001 001 **</u>  | د بادعه  | ij   |  |  |
| City<br>ST. AUC  | GUST   | INE,   |  |   |  | State<br>FL  |  |  |  |  |  |  |
| appointed the  | register   | red agent of the abo   | ve named corporation   | n, am 1   | familiar with and accept the o   | bligations o   | of section 607.0   | 505 or 617.0503, F.S.  |  |  | (01/05   |  |
| Signature of Registered Agent Week A. Work   |  |  |  |   | ta   |  |  | ction 607.0505 or 617.0503, F.S.  Date   |  |  |  |  |
|  |  |  | <del>'</del>   | Múst  | SIGN   | -  |  |  |  |  | ٥  |  |
| Titles Name of   |  |  |  | <del></del>   |  |  | th Situ / State / Zin  |  |  |  |  |  |
|  |  |  |  |   |  | City / State / Zip   |  |  |  |  |  |  |
| WILIAM A. MONTGOMERY   |  |  | P 44 CROOKSHANK DR.  |   |  |  | ST. AUGUSTINE, FLORIDA 32084   |  |  |  |  |  |
| YVETTE.R. MONTGOMERY   |  |  | V 44 CROOKSHANK DR.  |   |  | •••  | ST.  | ST. AUGUSTINE, FLORIDA 32084   |  |  |  |  |
| AFOIE K. FORBES S  |  |  | 708 W. 5TH ST.   |   |  |  | ST. AUGUSTINE, FLORIDA 32084   |  |  |  |  |  |
| JANICE R. MCCLENTON T  |  |  | 40 E. 19TH ST.   |   |  | JACKCONVELLE, FLORIDA 32206  |  |  |  |  |  |  |
|  |  |  |  |   |  |  |  |  |  |  |  |  |
| <u></u>  |  |  |  |   |  |  |  | .,   |  |  |  |  |
| 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 filling 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.  904  SIGNATURE: William A. Montonely 15 Janos 540-0073 |  |  |  |   |  |  |  |  |  |  |  |  |
|  | STATEM  JMENT  ation Name ERANCE To the state of the stat | STATEMENT  JMENT # stion Name ERANCE TIME  at Office Address .PONCE DE LE #, etc.  GUSTINE; FLOI  Countr UNIT  Name WILLIAM A. M. Street Address (P.1 44 CROOKS) Suite, Apt. #, Etc.  City ST. AUGUST  appointed the register of Agent  VVETTE.R. M.  AFOIE K. FOI  JANICE R. M.  TURE: V. C.  TURE | STATEMENT  JMENT #  ation Name ERANCE TIME MINISTRY INC  at Office Address .PONCE DE LEON BLVE.  #, etc.  GUSTINE, FLORIDA  Country UNITED STATES  Name WILLIAM A. MONTGOMER Street Address (P.O. Box Number is N. 44 CROOKSHANK DR.  Suite, Apt. #, Etc.  City ST. AUGUSTINE, Jappointed the registered agent of the about the state of t | SECTATION STATEMENT  SecTOIVISION  JMENT #  # # # # # # # # # # # # # # # # # # | STATEMENT  Secretary DIVISION OF CO  JMENT #  Inton Name ERANCE TIME MINISTRY INC. N99000007634  Interpretation N990000007634  Interpretation N9900000007634  Interpretation N99000000007634  Interpretation N9900000000000000000000000000000000000 | SECRETARY OF STATE DIVISION OF CORPORATIONS  JMENT # Inton Name ERANCE TIME MINISTRY INC. N99000007634  Interpretation Name EXAMPLE A LANGUSTINE, FLORIDA  Interpretation Name EXAMPLE A LANGUSTINE  Interpreta | SECRETARY of State DIVISION OF CORPORATIONS  05 FI  JMENT # ston Name ERANCE TIME MINISTRY INC. N99000007634  3. Mailing Office Address BI | SECRETARY OF STATE  DIVISION OF CORPORATIONS  0.5 FEB -9 AI  SECRETARY  TALLAHASSEE  TALLAHASSEE | STATEMENT  DIMENT #  Idea Name  RANCE TIME MINISTRY INC. N99000007634  B. Idea Name  RANCE TIME MINISTRY INC. N99000007634  B. Idea Name  Suite, Apt. 6, 800. 6  B. Idea Name  Country  UNITED STATE  7. Name and Address of Current Registered Agent  Name of Address of Current Registered Agent  Name of Na | STATEMENT #  DIVISION OF CORPORATIONS  05 FEB - 9 AM II: 51  SECRETARY OF STATE  HIGH NAME  TALLAHASSEE, FLORIDA  SECRETARY OF STATE  TALLAHASSEE, FLORIDA  III SECRETARY OF STATE  TALLAHASSEE, FLORIDA  III STALLAHASSEE, FLORIDA  III STAL | Secretary of State DMISION OF CORPORATIONS  DIMENT # MICH Name ERANCE TIME MINISTRY INC. N99000007634  II Office Address PONCE DE LEON BLVE.  3. Mailing Office Address PONCE DE LEON BLVE.  4. Date Incorporation of Capatificat To State Ponce Po |  |