

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -9 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

28
10/8/03 01031 001 \$66.25

DOCUMENT #

1. Corporation Name

DELIVERANCE TIME MINISTRY INC. N99000007634

2. Principal Office Address

3149 N. PONCE DE LEON BLVE.

3. Mailing Office Address

3149 N. PONCE DE LEON BLVD.

Suite, Apt. #, etc.

6

Suite, Apt. #, etc.

6

City & State

ST. AUGUSTINE, FLORIDA

City & State

ST. AUGUSTINE, FLORIDA

Zip

32084

Country

UNITED STATES

Zip

32084

Country

UNITED STATES

4. Date Incorporated or Qualified
To Do Business in Florida

DECEMBER 29, 1999

5. FEI Number

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

WILLIAM A. MONTGOMERY

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

500047555395
03/02/05--01007--031 **297 50

Suite, Apt. #, Etc.

City

ST. AUGUSTINE,

State

FL

Zip Code

32084

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

William A. Montgomery
REGISTERED AGENT MUST SIGN

Date JANUARY 12, 2005

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	WILIAM A. MONTGOMERY P	44 CROOKSHANK DR.	ST. AUGUSTINE, FLORIDA 32084
V	YVETTE.R. MONTGOMERY V	44 CROOKSHANK DR.	ST. AUGUSTINE, FLORIDA 32084
S	AFOIE K. FORBES.S	708 W. 5TH ST.	ST. AUGUSTINE, FLORIDA 32084
T	JANICE R. MCCLINTON T	40 E. 19TH ST.	JACKCONVELLE, FLORIDA 32206

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:

William A. Montgomery

WILLIAM A. MONTGOMERY 15 JAN 05

Date

Daytime Phone #

904

540-0076

CR2E081 (01/05)