

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAR -5 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712810

1. Corporation Name
TABERNAcle Church of Deliverence INC
FT. Pierce, Florida

Principal Place of Business Mailing Address
1509 Florida Ave 34950

% Rev. HARRY GORDON

REINSTATEMENT 90-97

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5.26-67	
City & State		City & State		5. FEI Number	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PO	HARRY GORDON	1509 Fla. Ave.	FT Pierce, FLA 34950
VD	DOROTHY L. GORDON	1509 FLA. AVE	FT. PIERCE, FLA 34950
S	QUEEN JACY	1211 N. 25 ST.	FT PIERCE, FLA. 34950
TD	LARRY GORDON	519 DOUGLAS CT.	FT. PIERCE, FLA 34950

500002105485-8
-03/05/97-01112-012
***\$73.75 ***\$73.75

JB 3-5-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name DOROTHY L. GORDON	
		Street Address (P.O. Box Number is Not Acceptable) 1509 FLA. AVE.	
		Suite, Apt. #, Etc.	
		City FT. PIERCE, FLA.	State FL Zip Code 34950

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent Dorothy L. Gordon REGISTERED AGENT MUST SIGN Date 3-5-1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: Dorothy L. Gordon 3-5-1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)