

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 NOV 10 AM 11:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N95000001391**

1. Corporation Name
TABERNAACLE OF DELIVERANCE OUT REACH MINISTRIES INC.

Principal Place of Business 1024 WEST BROADWAY OCALA FL 32670	Mailing Address 1217 NE OSCEOLA AVE OCALA FL 34470 US
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5/13/99 90017/029 \$61.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	4. Date Incorporated or Qualified To Do Business in Florida 03/23/1995	5. FEI Number 59-3319732	Applied For <input type="checkbox"/> Not Applicable
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status.		

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	BROWN, ROZELLA	1217 NE OSCEOLA AVE	OCALA FL
DT	JACKSON, MARY	1613 NW 20TH AVE	OCALA FL
D	MOORE, VIRGIL	415 NE 8TH AVE	OCALA FL
S	JACKSON, LORETTA	1217 NE OSCEOLA AVE	OCALA FL
D	INGRAM, ANGELA	1024 WEST BROADWAY	OCALA FL 32670

8. Name and Address of Current Registered Agent BROWN, ROZELLA 1217 NE OSCEOLA AVE. OCALA FL 34470	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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 Rozella Brown Rozella Brown Date 10-30-1999
 REGISTERED AGENT MUST SIGN

11. 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)(l), 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: LORETTA F JACKSON Date 10-30-1999 (352) 381-5310
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR25240 (8-99)

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Tabernacle of Deliverance Outreach Ministries, Inc.
1217 NE Osceola Avenue
Ocala, FL 34470
(352) 622-1811

November 8, 1999

Florida Department of State
Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

Dear Sir or Madame:

Enclosed please find the appropriate reinstatement forms for this non-profit corporation. At the request of a representative within your department, I have submitted this as a record of payment that has already been received by your department from us. Since the annual fee was paid on time, we are not liable for any filing or reinstatement fees. If there are any questions or if any further information is required for resolution of this matter, please contact Loretta Jackson, our administrator, at 352-351-5310.

Sincerely,

Rozella Brown

Rozella F. Brown
President

RFB/lfj