

**2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 27, 2008  
Secretary of State**

DOCUMENT# N03000005106

Entity Name: WORLD DELIVERANCE MINISTRIES, INC.

**Current Principal Place of Business:**

14501 NORTHWEST 7TH AVENUE  
MIAMI, FL 33168

**New Principal Place of Business:**

**Current Mailing Address:**

14501 NORTHWEST 7TH AVENUE  
MIAMI, FL 33168

**New Mailing Address:**

FEI Number: 32-0082354      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LONG, HAROLD JR.  
99 NORTHWEST 183RD STREET  
SUITE 127  
NORTH MIAMI BEACH, FL 33169 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CARMEOLA E. ROBINSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROBINSON, CARMEOLA  
Address: 14501 NORTHWEST 7TH AVENUE  
City-St-Zip: MIAMI, FL 33168

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD ( ) Delete  
Name: ROBINSON, DESIREE  
Address: 14501 NORTHWEST 7TH AVENUE  
City-St-Zip: MIAMI, FL 33168

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD ( ) Delete  
Name: COX, RUTH  
Address: 14501 NORTHWEST 7TH AVENUE  
City-St-Zip: MIAMI, FL 33168

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEOLA E. ROBINSON

PD

10/27/2008

Electronic Signature of Signing Officer or Director

Date