PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 28 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000211**

1. Corporation Name

NORTH DADE INTERNATIONAL DELIVERANCE MINISTRIES , INC.

Principal Place of Business	Mailing Address
19700 NE 22ND AVE NORTH MIAMI BEACH FL 33180	19700 NE 22ND AVE NORTH MIAMI BEACH FL 33180

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/10/1992

5. FEI Number: 65-0428407 — ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: X — $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FRANCIS, SHANCE D	19700 NE 22ND AVE	NORTH MIAMI BEACH FL
VPS	FRANCIS, EDNA	19700 NE 22ND AVE	NORTH MIAMI BEACH 33
T	HARRIS, YVONNE	18333 NW 144 CT	OPA LOCKA FL
PD	FRANCIS, JAMES N	19700 NE 22ND AVE	N MIAMI BCH FL
T	JOHNSON, SYDNEY O	5213 SW 118TH AVENUE	NORTH MIAMI BEACH FL
T	BOGLE, HERMA	1957 NE 177TH STREET	NORTH MIAMI BEACH FL 33162

8. Name and Address of Current Registered Agent

FRANCIS, JAMES
19700 NE 22ND AVE
NORTH MIAMI BEACH FL 33180

900003034229--0
-11/03/99--01075-007
****245.00 ****245.00

9. Name and Address of New Registered Agent

Name

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

REINSTATEMENT 99 11 TS

Suite, Apt. #

City | State: FL | Zip Code

CR2E040 (8/99)

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: [signature] — REGISTERED AGENT MUST SIGN

Date: 10/20/99

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)(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: [signature] QUIRED — 10/20/99 (Date) — 305621-1354 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES N. FRANCIS