

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 17 PM 11:16

DOCUMENT # **PO2000027527**

1. Corporation Name
MIRACLE MARRIAGE MINISTRY, INC

2. Principal Office Address
13173 S.W. 50 ST

3. Mailing Office Address
13173 S.W. 50 ST

REINSTATEMENT D3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miramar FL

City & State
MIRAMAR FL.

4. Date Incorporated or Qualified To Do Business in Florida
3/12/2008

5. FEI Number
01-0632479

Zip
33027

Country
USA

Zip
33027

Country
USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
RAPID Corporate Supplies Inc

Street Address (P.O. Box Number is Not Acceptable)
17100 N.E. 19th Avenue

Suite, Apt. #, Etc.

City
North Miami Beach, FL.

State
FL

Zip Code
33162

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

Date

REGISTERED AGENT MUST SIGN

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
D	TAYLOR, JOANN	13173 S.W. 50 ST	Miramar, FL 33027
D	TAYLOR, LEROY	13173 S.W. 50 ST	Miramar, FL 33027
D	HANKERSON, Brian	900 Sheridan St. # 117	Pembroke Pines, FL 33024

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: **Joann Taylor - JOANN TAYLOR** **11/2/05** (305) 829-7751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

2/2

MIRACLE MARRIAGE MINISTRY, INC.
13173 SW 50TH STREET
MIRAMAR, FL. 33027

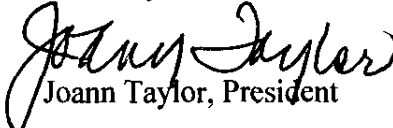
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Please find enclosed our request for reinstatement for 2003. We did not receive the required annual report form nor were we aware that one would be required to be filed. My accountant has since informed me that this form is required to be filed annually. Please note our current mailing address above. Also, please let this letter serve as our request to abate the normal reinstatement fee of \$600.00. We are enclosing the filing fee of \$150.00.

Thank you for your kind consideration.

Sincerely,


Joann Taylor, President