## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000008062

FILED Sep 27, 2006 Secretary of State

Entity Name: INTERNATIONAL DELIVERANCE RESTORATION CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3622 SW 167TH TERRACE 2114 SW 60 TERRACE MIRAMAR, FL 33027 MIRAMAR, FL 33023 **Current Mailing Address: New Mailing Address:** 3622 SW 167TH TERRACE 2114 SW 60 TERRACE MIRAMAR, FL 33027 MIRAMAR, FL 33023 FEI Number: 20-3343566 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HALL SR., ERROL D. REV. DR 3622 SW 167TH TERRACE MIRAMAR, FL 33027 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: ERROL D. HALL, SR. Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HALL SR., ERROL D. DR. Name: Name: 3622 SW 167TH TERRACE Address: Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BROWN, MARSHA Name: RODRIQUEZ, VALERIE Name: Address: 2729 NW 200TH TERRACE Address: 1888 NW 132 AVENUE City-St-Zip: MIAMI, FL 32056 City-St-Zip: PEMBROKE PINES, FL 33028 Title: () Delete Title: (X) Change ( ) Addition JARRETT, DONNA WILSON, ANGELA Name: Name: 4030 NW 186 ST. 3354 NW 197 TERRACE Address: Address: City-St-Zip: CAROL CITY, FL 33055 City-St-Zip: OPA-LOCKA, FL 33056 Title: ( ) Delete Title: () Change () Addition Name: DUFOUR, CHARLES Name: 7809 W. MADEIRAN ST. Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition CHRISTIAN, ORETT HAYDEN, TITUS Name: Name: 5100 SW 41ST ST., UNIT 108 8424 SW 29 STREET Address: Address: City-St-Zip: PEMBROKE PARK, FL 33023 City-St-Zip: MIRAMAR, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the 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: ERROL D. HALL, SR. P 09/27/2006