

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -3 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731620

1. Corporation Name

WORLD DELIVERANCE MINISTRIES, A SOCIAL SERVICE A
GENCY, INC.

Principal Place of Business

7091 MOSELY ST
HOLLYWOOD FL 33024
US

Mailing Address

7091 MOSELY ST
HOLLYWOOD FL 33024
US

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

2. New Principal Office Address, If Applicable

3600 S. State Rd 7, #44

Suite, Apt. #, etc.

MIRAMAR, FLA.

City & State

33023

Zip

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

3600 S. State Rd 7, #44

City & State

MIRAMAR, FLA. #

Zip

33023

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/1975

5. FEI Number

51-0187768

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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 |
|---------------|-------------------------------------------|--------------------------------------------------------|---------------------------------------------|
| VD | MARKS, MITCHELL | 701 N.W. 210 STREET, UNIT 511 | MIAMI FL 33169 |
| SD | MARKS, VIVIEN | 701 N.W. 210 STREET, UNIT 511 | MIAMI FL 33169 |
| PTM | DOLNIER, PAUL | 18 WOODMAN ST 7091 Mosely St | ROCHESTER NH 03867 Hollywood, Fla. 33024 |
| D | RICE, BILL | 19730 SW 12 ST | PEMBROKE PINES FL 33029 |
| | | | |
| | | | |
| | | | |

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8. Name and Address of Current Registered Agent

DOLNIER, PAUL
7091 MOSELY ST
HOLLYWOOD FL 33024

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

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. or 617.0505, F.S.

Signature of
Registered Agent

Paul Dolnier REQUIRED

REGISTERED AGENT MUST SIGN

Date 2/26/03

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:

Paul Dolnier REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/03.

CR2E040 (8/02)