PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

3. New Mailing Office Address, If Applicable

DIVISION OF CORPORATIONS

DOCUMENT #

731620

1. Corporation Name

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

Principal Place of Business

709! MOSELY ST

2. New Principal Office Address, If Applicable

3600 S State Rd

HOLLYWOOD FL 33024

Suite, Apt. #, etc.

City & State

MiRAMA

33023

US

Mailing Address

7091 MOSELY ST HOLLYWOOD FL 33024

Suite, Apt. #, etc.

3600 S.

MIRAM

City & State

US

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

03 MAR -3 AM 8: 25

SECRETARY OF STATE FALLAHASSEE. FLORIDA

FILED

PEINSTATEM	ENT 02-03
Date Incorporated or Qualified To Do Business in Florida	01/16/1975
5. FEI Number 51-0187768	Applied For
310107700	Not Applicable

USA 33		33023	Country USA	CERTIFICATE OF STATUS DESIRED	E OF STATUS DESIRED of for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer and	or Director (Florida non	profit corporations must list at lea	sst 3 directors)		
Title(s)	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		City / State / Zip	
VD	MARKS, MITCHELL		701 1	N.W. 210 STREET, UNIT 511	MIAMI FL 33169	MIAMI FL 33169	
SD	MARKS, VIVIEN		701 N	I.W. 210 STREET, UNIT 511	MIAMI FL 33169	MIAMI FL 33169	
PTM	DOLNIER, PAUL		18 W	OODMAN ST 7091 M		Holly wood, Fla. 33024	
D	RICE, BILL		19730) SW 12 ST	PEMBROKE PINES F	L 33029	
					900013340	609	
					03/03/0301065004	***297.50	

DOLNIER, PAUL

7091 MOSELY ST

HOLLYWOOD FL 33024

Name

Street Address (P.O. Box Number is N

Suite, Apt. #, Etc.

8. Name and Address of Current Registered Agent

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

Suite, Apt. #, Etc.

9. Name and Address of New Registered Agent

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 FLOOM TOURED REQUIRED

Date __

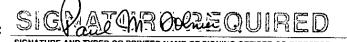
2/26/03

State

Zip Code

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:



<u> 426103</u>

Date

Daytime Phone #

CR2E040 (8/02)