

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PRIOR AND FILED

02 MAY 24 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-06/18/02--01084--013  
\*\*\*\*306.25 \*\*\*\*306.25

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # **747709**  
1. Corporation Name  
**FAITH FULL DELIVERANCE Temple, INC.**

2. Principal Office Address  
**769 NW 111 STREET**  
Suite, Apt. #, etc.

3. Mailing Office Address  
**PO Box 680283**  
Suite, Apt. #, etc.

City & State  
**MIAMI, FL 33168** - **MIAMI, FL**

Zip Country  
**33168 USA**      **33168-0283 USA**

**REINSTATEMENT** 2001-2002

4. Date Incorporated or Qualified To Do Business in Florida  
**6/18/79**

5. FEI Number  
**591915134**      Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent

Name  
**REV. WHITFIELD GRAZZAL**      **236.25-Adm**

Street Address (P.O. Box Number is Not Acceptable)  
**13660 NW 2 ave**      **61.25-AR**

Suite, Apt. #, Etc.  
**8.75-Cert**

City  
**MIAMI**      State **FL**      Zip Code **33168**

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 **X Withfield Grazzal**      Date **5/21/02**  
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 |
|-----------------------------|-----------------------------------|--|--------------------|
| DIR. / <sup>Pres</sup>      | Rev. Whitfield Grazzal            | 13660 NW 2ave                                  | MIAMI, FL 33168    |
| DIR.                        | Maacynthia Cooke                  | 1411 NW 112 ST                                 | MIAMI FL 33167     |
| DIR. / <sup>President</sup> | Kayelin Grazzal                   | 13660 NW 2 Ave                                 | MIAMI, FL 33168    |
| OFF. / <sup>SECRETARY</sup> | MARION Welch                      | 15221 NE 6 Ave # A312                          | MIAMI, FL 33162    |

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: **X Withfield Grazzal**      Date **5/21/02**      Daytime Phone # **305 6885976**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)