

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 MAY 24 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747709

1. Corporation Name

FAITH FULL DELIVERANCE Temple, INC.

200005824192--6

-06/18/02--01084--013

****306.25 ****306.25

2. Principal Office Address

769 NW 111 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL 33168

Zip

33168

Country

USA

3. Mailing Office Address

PO Box 680283

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33168-0283

Country

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

REGISTERED AGENT MUST SIGN

Date

5/21/02

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./Pres	Rev. Whitfield Grazzal	13660 NW 2ave	MIAMI, FL 33168
DIR.	Hyacinth Cooke	1411 NW 112 ST	MIAMI FL 33167
DIR./President	Kayelin Grazzal	13660 NW 2 Ave	MIAMI, FL 33168
OFF. SECRETARY	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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/21/02

Daytime Phone #

305 6885976

CR2E081 (9/01)