

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -3 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000001999

1. Corporation Name

Good Life Deliverance Ministries *INCORPORATED*

18631 SW 107 Ave
15428 SW 151 Terrace

2. Principal Office Address

18631 SW 107 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

15428 SW 151 Terrace

Suite, Apt. #, etc.

City & State

Miami FL.

City & State

Miami, FL.

Zip

33157

Country

Miami-Dade

Zip

33196

Country

Miami-Dade

REINSTATEMENT *03-04*
MRB

**4. Date Incorporated or Qualified
To Do Business in Florida** 04/17/1997

5. FEI Number
11-3018550

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
Wright, Assad REV.

Street Address (P.O. Box Number is Not Acceptable)
15428 SW 151 Terrace

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33196

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

Assad Wright
REGISTERED AGENT MUST SIGN

Date 11/29/2004

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
PT	Wright, Otis B. Rev.	18631 SW 107 Ave.	Miami, FL 33157
VT	Wright, Assad Rev.	15428 SW 151 Terrace	Miami FL 33196
ST	Graham, Jean	18631 SW 107 Ave.	Miami FL 33157
TT	Wright, Jean	15428 SW 151 Terrace	Miami FL 33196

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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)(l), 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:

ASSAD WRIGHT *Assad Wright*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-378-8626

Daytime Phone #

CR2E081 (01/04)

GoodLife

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**DELIVERANCE
MINISTRIES, INC.**

18631 SW 107th Avenue • Miami, FL 33157
Ph. (305) 278-1400
Fax (305) 378-9140

To Touch a Soul

Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL. 32314

Dear Sir/Madam:

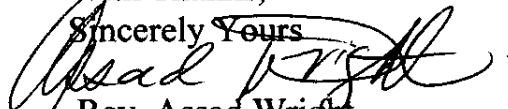
This letter is in reference to our request for reinstatement and the subsequent instructions for written explanation with required funds.

Both the principal office address and the mailing office address were moved in late 2002 from 17360 S. Dixie Highway and 16502 SW 114 CT. respectively. We have not received any mail regarding filings and dissolution since.

We are hereby requesting reinstatement and have enclosed the necessary forms and the sum of one hundred and twenty two dollars and fifty cents for 2003 and 2004 per your instructions. In addition, enclosed is the sum of eight dollars and seventy five cents for certificate of status.

With Thanks,

Sincerely Yours


Rev. Assad Wright.