

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000004365

1. Corporation Name

THE A.C.O.J NEW LIFE & DELIVERANCE MINISTRIES, INTL. DEVELOPMENTAL CENTER, INC.

2. Principal Office Address - No P.O. Box #
2140 N.W. 2nd street

3. Mailing Office Address
P. O. BOX 668566

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pompano Beach FL

City & State
Pompano Beach FL

Zip
33069

Country
USA

Zip
33066

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 6-28-2000

5. FEI Number 651021588

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
DR. ALEX L. JENKINS SR.

Street Address (P.O. Box Number is Not Acceptable)
312 N.W. 17TH AVENUE

Suite, Apt. #, Etc.

City
POMPANO BEACH

State Zip Code
FL 33069

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 7-19-2007

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
P	DR. ALEX L. JENKINS SR.	P. O. BOX 668566	POMPANO BEACH FL 33066
D	DR. LATRINA W. JENKINS	P. O. BOX 667215	POMPANO BEACH FL 33066
S	SHANNON S. DAWKINS	907 N. POWERLINE RD.	POMPANO BEACH FL 33069
D	ALEX L. JENKINS II.	312 N. W. 17TH AVENUE	Pompano Beach FL 33069
D	LORETTA WARD	1700 N.W. 6TH AVENUE	Pompano Beach FL 33060
D	EDDIE B. WARD	1700 N.W. 6TH AVENUE	Pompano Beach FL 33060

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 contained in Chapter 119, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-2007

Date

(754) 366-8064
Daytime Phone #

FILED

07 JUL 20 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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