


# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N0000006037**

1. Entity Name  
UNIVERSAL DELIVERANCE CHURCH OF MIAMI INC.



Principal Place of Business  
3800 NW 186TH ST.  
MIAMI, FL 33054

Mailing Address  
3800 NW 186TH ST.  
MIAMI, FL 33054

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country


**6. Name and Address of Current Registered Agent**

WILLIAMS, BARBARA  
3800 NW 186TH ST.  
MIAMI, FL 33054

FILED

05 MAR -9 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11152004 REIN-NP CR2E099 (6/04)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barbara Williams*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$236.25**  
After January 1, 2005, Fee will be \$297.50

Make check payable to  
Florida Department of State

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WILLIAMS, BARBARA<br>3800 NW 186TH ST.<br>MIAMI, FL 33054 <input type="checkbox"/> Delete                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>CHESSON, PAULA T<br>20430 NW 22ND AVE.<br>OPA LOCKA, FL 33054 <input type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>REED, GAIL<br>1121 NW 51 STREET<br>MIAMI, FL 33127 <input type="checkbox"/> Delete                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>WILLIAMS, RHONDILYN R<br>20810 NW 17TH AVE., APT. 220<br>OPA LOCKA, FL 33056 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BURNS, THELMA<br>3078 NW 60TH ST.<br>MIAMI, FL 33142 <input type="checkbox"/> Delete                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>800043429888<br>12/15/04--01032--010 **175.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Williams* 12-11-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Universal Deliverance  
Church Of Miami Inc.  
3800 NW 186th Street  
Miami Florida 33054

Universal  
Deliverance Church  
Of Miami Inc.


Phone: 305-622-7220  
FAX: 305-622-7220  
e-mail:

Thursday, December 09, 2004

Department Of State  
Division Of Corporations PO BOX 6327  
Tallahassee, Florida 32314  
Reinstatement

Dear Sr. /Madam

In reviewing the web site it was brought to my attention that our corporation was inactive for administration dissolution for annual report. Our name is Universal Deliverance Church Of Miami Inc. Document # N00000006037 EIN # 65-1107057 Please note that we did sent the appropriate fees, but sent it at the wrong address, and department.. Enclose in this letter you will find the necessary document and fees to re-activate our corporation. However you will also find a copy of the draft that has been cashed. Please take in consideration, and make arrangement in supplying us with the proper reimbursements. These fee are for the years of 2004 trough 2005. Please note that the money order that is being submitted is \$ 35.00 over please send the difference back to us in the above name in the care of Barbara Williams We appreciated your full understanding in make your decision in granting our renewal status.

  
Paula T. Chesson

