


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION OR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
------------------------------------	---	---

DOCUMENT # N00000006728

1. Corporation Name

INTERNATIONAL DELIVERANCE CENTER, INC.

Principal Place of Business

28302 SW 157 AVE.
HOMESTEAD FL 33030

Mailing Address

28302 SW 157 AVE.
HOMESTEAD FL 33030

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

16021 SW 288th St.

Suite, Apt. #, etc.

Homestead FL

City & State
Homestead FL

Zip 33030

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/2000

5. FEI Number

65-1038516

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BALDWIN, SILVA	567 W. PALM DR., APT. #4	FLORIDA CITY FL 33034
D	KING, LOUISE	67 TURNER CIRCLE	HOMESTEAD FL 33030
D	WILLIAMS, LA KENYIA	15340 SW 284th St. #174	HOMESTEAD FL 33033
D	SMITH, RHODA D	28362 SW 157 AVE.	HOMESTEAD FL 33033
D	Cunningham, Janice		
DP	Hills, George	29302 SW 157 AVE	HOMESTEAD FL 33030
DS	Johnson, Prescious	67 N.E. 9 COURT	HOMESTEAD FL 33030
D	Cunningham, Janice	11325 S.W. 191 LANE	HOMESTEAD, FL 33030

8. Name and Address of Current Registered Agent

JOHNSON, JOANNE
28302 SW 157 AVE.
HOMESTEAD FL 33030

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent


REGISTERED AGENT MUST SIGN

Date

10-17-01

11. 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-17-01

Daytime Phone #

(305) 905-2098

CR20040 (8/01)

International Deliverance Center, Inc.
28302 SW 157th Avenue Homestead Fl. 33030
Ph#: (305) 248-7454

October 17, 2001

***Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl***

Dear Sirs,

As per our conversation on Wednesday, October 17, 2001; we are presenting this letter of statement stating that we never received our annual report regarding our corporation. We are submitting the amount of \$61.25 as stated in our conversation.

We also never received our 501C3 exemption from the IRS, until yesterday, which we received by fax, after contacting them. We just received a letter of dissolution/restatement.

Thanking you in advance for allowing us to corrects this error.

Respectfully Yours,


Joanne Johnson
Registered Agent