

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV -4 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO 2000008126**

1. Corporation Name

TRUE DELIVERANCE PRAISE & WORSHIP CENTER INC

W04-38258

2. Principal Office Address

1918 N.W. 47 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33142

Country

3. Mailing Office Address

1918 N.W. 47 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33142

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/2002

5. FEI Number **20-0964047**

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

CLARK, TORRIAN

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

1918 N.W. 47 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33142

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

REGISTERED AGENT MUST SIGN

Date **10/12/04**

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
PTD	CLARK, TORRIAN	1918 N.W. 47 TERRACE	MIAMI FL 33142
VD	CICERON, DAVIUS	221 N.E. 89 TH STREET	MIAMI FL 33138
VD	MERILIGN, ADNER	173 N.W. 99 TH STREET	MIAMI FL 33150
SD	LOUIS, MAGDA	670 N.E. 131 STREET	NORTH MIAMI FL 33161

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/2004

Date

(786) 426-7235

Daytime Phone #

CR2E081 (10/02)

LIFE CHANGERS CHURCH INTERNATIONAL

*"United For The Challenge Of The End Time,
To Bring Eternal Change!"*

Monday, October 25, 2004
Life Changers Church International (T. D. P.W.C.)
1918 NW 47th Street
Miami, FL 33142

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

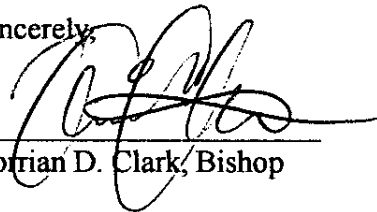
To Whom It May Concern:

This letter is to inform you of my failure to process the prior year's Uniform Business Report due to the fact that I did not receive it, nor did I possess an EIN at the time. Therefore in regards to this, I now provide both 2003 and 2004 UBRs, along with payment, for submission.

Furthermore, may it be informed that "True Deliverance Praise & Worship Center" also does business as "Life Changers Church International" and have requested a Name Change; such that "Life Changers Church International" will be the sole name of the organization. This request has been withheld until the UBR has been processed.

Thank you for your time and efforts in this matter and I look forward to hearing from you soon.

Sincerely,



Torrian D. Clark, Bishop