

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000002599

1. Entity Name
BREAKTHROUGH DELIVERANCE AND HEALING
PRAYER MINISTRIES, INC.



Principal Place of Business
1915 NW 171 STREET
MIAMI, FL 33056 US

Mailing Address
1915 NW 171 STREET
MIAMI, FL 33056 US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -4 PM 2:34

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06/04/08--01008--030 **306.25



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05222008 REIN-NP CR2E099 (1/07)

City & State
Miami Gardens, FL
Zip Country

City & State
Miami Gardens, FL
Zip Country

4. FEI Number
APPLIED FOR 20-0854953
Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, E GAIL
1915 NW 171 STREET
MIAMI, FL 33056

Name

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

City

Miami Gardens

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

E. Gail Brown

E. Gail Brown

5/29/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BROWN, EDDIELENE G
1915 NW 171 STREET
MIAMI, FL 33056 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
Miami Gardens, FL 33056

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BROWN, TOUREK T SR
4933 SW 171 TERRACE
MIRAMAR, FL 33027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BROWN, ZAMARR T
1915 NW 171 STREET
MIAMI, FL 33056 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
Miami Gardens, FL 33056

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☒ Addition
6/5/08

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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STREET ADDRESS
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

E. Gail Brown (D) *E. Gail Brown* (D)

Date

Daytime Phone #

5/29/08 (305) 621-0429