


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000004772		
1. Entity Name BFP TEMPLE OF DELIVERANCE REVIVAL MINISTRY OF HELP INC.		
Principal Place of Business 2909 W BROWARD BLVD FORT LAUDERDALE, FL 33311		Mailing Address 2909 W BROWARD BLVD FORT LAUDERDALE, FL 33311
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 231 S.W. 30 Ave.
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State Ft. Lauderdale, FL
Zip	Country	Zip 33312 Country U.S.

FILED

2009 MAR -4 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 09
02692009 REIN-NP CR2E089 (1/07)

4. FEI Number 71-1041686		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HARMON, ANNIE L 2771 SW 3RD COURT FORT LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name Annie L. Hargrett Street Address (P.O. Box Number is Not Acceptable) 231 SW 30 Ave. City Ft. Lauderdale FL Zip Code 33312
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 Annie L. Hargrett DATE 03/03/09 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILBERT, LEON L 4631 NW 31ST AVE 252 FT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARMON, ANNIE L 2771 SW 3RD COURT FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Annie L. Hargrett 231 SW 30 Ave FT. Lauderdale FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMON, MARVIN 2771 SW 3RD COURT FORT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Isaiah E. Hargrett 231 SW 30 Ave FT. Lauderdale FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, WILBERT 881 NW 16TH TERRACE FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000144977960 03/04/09--01036--002 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS RANDELL, ANGEI 1579 NE 51ST STR. POMPANO BCH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000144977960 03/04/09--01036--003 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS ROBINSON, CUSSANDRA 255 NW 29TH AVE FORT LAUDERDALE, FL 33311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DAS Sheneka Peterson 2250 Ave 15th Fort Lauderdale FL 33314

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: **Annie L. Hargrett** Date **03/03/09** Daytime Phone # **7542458060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Mitchell MAR 4 2009