## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N07000011704

FILED Feb 26, 2009 Secretary of State

Entity Name: MIRACLE DELIVERANCE EVANGELIST OUTREACH MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

6612 N.W. 18TH AVENUE 13610 NW 19 AVE

MIAMI, FL 33142 US OPA LOCKA, FL 33054 US

Current Mailing Address: New Mailing Address:

388 N.E. 34TH AVENUE 13610 NW 19 AVE

HOMESTEAD, FL 33033 US OPA LOCKA, FL 33054 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROMFIELD, JACQUELINE 1585-1687 SOUTH STATE ROAD 7 NORTH LAUDERDALE, FL 33068 US

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.

SIGNATURE: TYRELL ALLEN

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: ALLEN, TYRÈLL J Name: ALLEN, TYRÈLL J Address: 388 N.E. 34TH AVENUE Address: 3410 NW 1 DRIVE

City-St-Zip: HOMESTEAD,, FL 33033 US City-St-Zip: HOMESTEAD,, FL 33033 US

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WELLONS, TAMMY E
 Name:

 Address:
 493 N.E. 72ND STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33138
 City-St-Zip:

Title: ( ) Delete Title: S ( ) Change (X) Addition

 Name:
 Name:
 ALLEN, PATRICIA A

 Address:
 Address:
 2241 NW 66 STREET

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33142

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TYRELL ALLEN PRES 02/26/2009