

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 PM 6:19

DOCUMENT # N31695

1. Corporation Name

THE WAY OF DELIVERANCE PRAISE AND WORSHIP CENTE
R, INC.

Principal Place of Business

Mailing Address

1945 NW 75 ST
MIAMI FL 33147
US

P.O BOX 694050
MIAMI FL 33269
US



REINSTATEMENT

00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/13/1989

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0143035

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PERSON, SARAH	1235 NW 188TH STREET	MIAMI FL
D	SAMPSON, JOHANN	20102 NW 12 CT	MIAMI FL 33169
D	SAMPSON, BERRY	20102 NW 12 CT.	MIAMI FL 33169
D	VAN, NATILEE B	18921 NE MIAMI PL	MIAMI FL 33179
D	VAN, VINCENT J	18921 NE MIAMI PL	MIAMI FL 33179
4000003472494--4 -11/21/00--01050--010 ****236.25 ****236.25			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PERSON, SARAH
1235 NW 188TH ST.
MIAMI FL 33169

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

Sarah Person

Date

10/24/00

REGISTERED AGENT MUST SIGN

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:

Sarah Person
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SARAH PERSON president

10/24/00 305-654-7495
Date Daytime Phone #

CR2E040 (8/00)