PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
APPLICATION (C)	FLORIDA DESARTMENT OF STATE	
FORCY	Katherine Harris	
REINSTATEMENT	Secretary of State DIVISION OF CURPORATIONS	
DOCUMENT # N4834	18	FILED
1. Corporation Name		JAN 31 PM 3: 39
\mathcal{M}		JAN 01 CTATE
MIRACLE MARFACH	Kenual Center DCS	CRETARY OF STATE ILL AHASSEE, FLORIDA
Principal Place of Business	Mailing Address	L ANAOSEE, -
1451 NORTH DIX	IE HIGHWAY	occo.
	1. 7/22204	REINSTATEMENT 6612000
· FORT Lauderda!	e, Ph 33301	ucing i Hiciaria i
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, if Applicable	ugh incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified
SAME AS ABOVE Suite, Apt. #, etc.	Suite, Apt. #, etc.	To Do Business in Florida 4/14/1992)
	< A!	5. FEI Number Applied For
FORT handerdale FL	City & State	6. Not Applicable
33304 Sountry	Zip Country	CERTIFICATE OF STATUS DESIRED 53.75 Additional Fee required for a Certificate of Status
	or Director (Florida nonprofit corporations must list at lea	· · · · · · · · · · · · · · · · · · ·
Title(s) Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N	City / State / Zip
President D 1 late ///		
* Kudolph / felson, SR. 5240 S.W. 23 Street Nollywood, 91 33023		
Trassure Samuel Mobbleg	1 SR. 5903 N.W. 57C	7. 8101 Tamarac, FL 33319
FRANCES MOBIL	ley 5903 N.W. 570	: \$101 Tamarac, FL 33319
member EVOR HINDS	2660 N.W. 2	4 Stad FORT Landerdake, 43334
member Willie King	3420 N.W. 35.	Street Kauderdale hakes F1 33309
Member 1/ and Will	ner 439 S.W. 3 H	Dung F 1 1 1 11
HERMAN DOILO		Venue fort Laudendold, 473335
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name 12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
nizedor S	Street Address (I	O.Box Number is Not Acceptable)
9000031	303495 5240 01036006 Suite, Apt. #. Etc.	OBox Number is Not Acceptable Street
****551.	25 ****551.25	
	1 PORT K	auderdale FL 33023
10. I, being appointed the registered/agen/of the above	e na/fed or/poration, am familiar with and accept the ob	ligations of Section 607.0505, F.S.
Signature of Registered Agent Date Pagent MUST SIGN		
14. This corporation awas the current year		
1/1. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes Intangible No I (See other side for information on intangible tax.)		
12. Lentify 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: Du Jolph Milson 1/9/00		
SIGNATURE: Date Date Daytime Phone #		