PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARAMENT OF STATE

| | PLIGAT FOR ISTATE | | pu | A DEPAR Kalter Sector |) o s | T OF STATE ris tate ations | | SECRETARY OF DIVISION OF CORP | STATE ORATIONS | |
|--|---|------------------------------|---------------------|--------------------------------|---------------------------|---|--|-------------------------------|-------------------|--|
| DOCUMENT # N48348 1. Corporation Name | | | | | | | 01 NOV 15 PM 5:00 | | | |
| MIRACLE OUTREACH REVIVAL CENTER, INC. | | | | | | | | | | |
| Principal P | 955 | ess | | | | BIRE IND | B1911 \$4801 \$4801 \$1801 1884 | | | |
| | | | | DIXIE HIGHWAY DALE FL 33304 | | | | | | |
| 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 Malling Office Address, If Applicable | | | | | | | 900047138699 -12/07/0101027001 ****122.50 *****61.25 | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | · | 4. Date incorporated or Qualified To Do Business in Florida - 04/14/1992 | | | |
| | City & State | | | City & State | | | 5: FEI Number Applied For Not Applicable | | | |
| Zip Country | | | Zip Country | | | / | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status | | | |
| 7. Names | and Street Ad | dresses of Each Officer and/ | or Director (Flo | orida nonprofit | t corpora | tions must list at lea | st 3 directors) | | | |
| Title(s) | Title(s) 1 2 Name of Officers and/or Directors 3 | | | | | eet Address of Each icer and/or Director | l | City / State / Zip | | |
| PD | PD NELSON, RUDOLPH SR | | | | 5246 S.W. 23RD STREET | | | HOLLYWOOD FL 33023 | | |
| τD | MOBLEY, SAMUEL SR 5 | | | | 5903 N.W. 57TH CT., D-101 | | | TAMARAC FL 33319 | | |
| SD | MOBLEÝ, FRANCES | | | | 5903 N.W. 57TH CT., D-101 | | | TAMARAC FL 33319 | | |
| МТ | HINDS, EVOR | | | | 2660 N.W. 24TH STREET | | | FORT LAUDERDALE FL 33311 | | |
| MT | KING, WILLIE | | | | 3420 N.W. 35TH STREET | | | LAUDERDALE LAKES FL 33309 | | |
| мт | IT WILCHER, HERMAN | | | | 639 S.W. 3RD AVENUE | | | FORT LAUDERDALE FL 33315 | | |
| 8. Name and Address of Current Registered Agent Name | | | | | | | 9. Name and Address of New Registered Agent | | | |
| NELCON DUDOL OD | | | | | | O. Box Number is Not Acceptable) | | | | |
| | 5240 S.W. 23RD STREET FT. LAUDERDALE FL 33023 Suite, Apt. #, Etc. | | | | | | | . , | 0895040 | |
| 11. DAODEROALE 12 33023 | | | | | City | | | State | Zip Code | |
| | i · ` | | | | | | | FL | | |
| Signature of Registered Agent Must SIGN Date 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 | | | | | | | | | | |
| 11. I certify that I am an officer or prector 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 form the precipitation is true and excursts. | | | | | | | | | | |

11/4/2001 (954) 7292.

Miracle Outreach Revival Center, Inc.

TO: Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327

Tallahassee, Florida 32314-6327

FROM: Connie Thompson, Church Secretar

DATE: October 22, 2001

RE: Corporation / Renewai

To whom this may concern a call was placed to your office on today. It was explained to Leslie that a letter was received indicating that the Corporation documents were expired. However, the initial letter received from your office stated that the Corporation would expire on September 2001, unfortunately, the letter was received in the Month of October 2001.

Therefore, I was instructed to send the renewal fee for both Miracle Outreach Revival Center, Inc. as well as Miracle Outreach Community Center, Inc. in the amount of \$61.25 for each name listed under Miracle Outreach.

Please find check number 2202 in the amount of \$122.50 for both Miracle Outreach Revival Center, Inc. and Miracle Outreach Community Center. Both Non-Profit Organizations.

Thank you, for your assistance in resolving this very serious matter.

Sincerely,

Connie Thompson, Church Secretary