

REINSTATEMENT

DOCUMENT # N48348

1. Entity Name
MIRACLE OUTREACH REVIVAL CENTER, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 14 AM 11:09

Principal Place of Business
1451 NORTH DIXIE HIGHWAY
FT. LAUDERDALE, FL 33304

Mailing Address
1451 NORTH DIXIE HWY.
FT. LAUDERDALE, FL 33304



2. Principal Place of Business

3. Mailing Address

03302005 REIN-NP CR2E099 (6/04)

4. FEI Number
65-0310182

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON, RUDOLPH SR
5240 S.W. 23RD STREET
FT. LAUDERDALE, FL 33023

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME PD
STREET ADDRESS NELSON, RUDOLPH SR
CITY-ST-ZIP 5246 S.W. 23RD STREET
HOLLYWOOD, FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME TD
STREET ADDRESS THOMPSON, COXNIE
CITY-ST-ZIP 4514 NW 50TH COURT
POMPANO BEACH, FL 33073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME SD
STREET ADDRESS MOBLEY, FRANCES
CITY-ST-ZIP 5903 N.W. 57TH CT., D-101
TAMARAC, FL 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME MT
STREET ADDRESS HINDS, EVOR
CITY-ST-ZIP 2660 N.W. 24TH STREET
FORT LAUDERDALE, FL 33311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME MT
STREET ADDRESS KING, WILLIE
CITY-ST-ZIP 3420 N.W. 35TH STREET
LAUDERDALE LAKES, FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME MT
STREET ADDRESS WILCHER, HERMAN
CITY-ST-ZIP 639 S.W. 3RD AVENUE
FORT LAUDERDALE, FL 33315 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

121105

Date

Daytime Phone #