

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03302005 REIN-NP CR2E099 (6/04)

City & State

4. FEI Number
65-0310182

Applied For
Not Applicable

City & State

Zip Country

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	NELSON, RUDOLPH SR	5246 S.W. 23RD STREET	HOLLYWOOD, FL 33023	<input type="checkbox"/>
TD	THOMPSON, COXNIE	4514 NW 50TH COURT	POMPANO BEACH, FL 33073	<input type="checkbox"/>
SD	MOBLEY, FRANCES	5903 N.W. 57TH CT., D-101	TAMARAC, FL 33319	<input type="checkbox"/>
MT	HINDS, EVOR	2660 N.W. 24TH STREET	FORT LAUDERDALE, FL 33311	<input type="checkbox"/>
MT	KING, WILLIE	3420 N.W. 35TH STREET	LAUDERDALE LAKES, FL 33309	<input type="checkbox"/>
MT	WILCHER, HERMAN	639 S.W. 3RD AVENUE	FORT LAUDERDALE, FL 33315	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

100062162291
12/14/05--01046--002 **\$95.00

REINSTATEMENT 05

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: *Rudolph Nelson* 121105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR