


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAY 30 AM 10:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <i>N92-711</i>					
1. Corporation Name CHURCH OF GOD ALLIANCE DELIVERANCE, INC.					
Principal Place of Business			Mailing Address		
147 NW 71 STREET MIAMI, FL 33150 <small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>					
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/10/92	
City & State		City & State		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)					
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip		
PD	ABRIEL MERE	1121 NW 103 ST	MIAMI, FL 33150		
VD	FRANK R. GUILLAUME	431 NW 104 ST	MIAMI, FL 33150		
SD	VIRGINIA ANDRE	1390 NW 112 ST	MIAMI, FL 33120		
TD	FRANCOISE JEAN-CHARLES	12225 NW 20th AVE	MIAMI, FL 33167		
EVAN.	ALEXANDRE JEAN-PIERRE	2112B NW 104 ST	MIAMI, FL 33147		
EVAN.	PIERRE WILFRED	2020 NE 169 ST #110	N MIAMI BEACH, FL 33162		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
ABRIEL MERE 1121 NW 103 ST MIAMI, FL 33150			REINSTATEMENT Name: <i>Abriel Mere</i> Street Address (P.O. Box Number is NOT Acceptable): <i>1121 NW 103 ST</i> Suite, Apt. #, Etc.: <i>MIAMI, FL 33150</i> City: <i>MIAMI</i> State: FL Zip Code: <i>33150</i> Date: <i>05/27/97</i>		
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 <i>Abriel Mere</i>			Date <i>05/27/97</i>		
REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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: <i>Abriel Mere</i>		ABRIEL MERE		05/27/97 (305) 956-7966	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

CR2E040 (12/96)