

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 # *N92-711*

1. Corporation Name

CHURCH OF GOD ALLIANCE DELIVERANCE, INC.

Principal Place of Business

Mailing Address

147 NW 71 STREET  
MIAMI, FL 33150

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 Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/10/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For  
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$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

ABRIEL MERE  
1121 NW 103 ST  
MIAMI, FL 33150

9. Name and Address of New Registered Agent

**REINSTATEMENT**  
Name: *Abriel Mere*  
Street Address (P.O. Box Number is Not Acceptable): *1121 NW 103 ST*  
Suite, Apt. #, Etc.: *MIAMI, FL 33150*  
City: *MIAMI* State: *FL* Zip Code: *33150*  
Fees: *94-97*  
*05/03/97* *01075-000*  
*\*\*\*\*428.75 \*\*\*\*428.75*

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

*Abriel Mere*

REGISTERED AGENT MUST SIGN

Date *05/27/97*

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(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:

*Abriel Mere*

ABRIEL MERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/27/97

Date

(305) 956-7966

Daytime Phone #

CR2E040 (12/96)