

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 FEB 18 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N92000000711**

1. Corporation Name

**CHURCH OF GOD ALLIANCE DELIVERANCE, INC.**

Principal Place of Business

147 NW 71 STREET  
MIAMI FL 33150

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/10/1992

5. FEI Number

65-0764849  
**APPLIED FOR**

Applied For

Not Applicable

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	MERE, ABRIEL	1121 NW 103 ST	MIAMI FL 33150
VD	GUILLAUME, FRANK R	431 NW 104 ST <i>Delete</i>	MIAMI FL 33150
SD	ANDRE, VIRGINIA	1390 NW 112 ST	MIAMI FL 33127
TD	JEAN-CHARLES, FRANCOISE	12225 NW 20TH AVE	MIAMI FL 33167
EVAN	JEAN-PIERRE, ALEXANDRE	2112B NW 104 ST	MIAMI FL 33147
EVAN	WILFRED, PIERRE	2020 NE 169 ST #110 <i>Delete</i>	N MIAMI BEACH FL 33162

8. Name and Address of Current Registered Agent

MERE, ABRIEL  
1121-NW-103-ST  
MIAMI FL 33150

9. Name and Address of New Registered Agent

Name: 200003156122-6  
-03/03/00--01009--014  
Street Address (Do Not Use Post Office Box Numbers): 1121 NW 103 ST  
MIAMI FL 33150  
Suite, Apt. #, Etc.:  
City: 200003156122-6  
-03/03/00 State: FL 01009-012  
\*\*\*\*61 FL \*\*\*\*61.25

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*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

200003156122-6  
Date: 03/03/00--01009--013

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00

Date

305-892-9486  
Daytime Phone #

CR2E040 (9/98)