

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -6 PM 12:16

DOCUMENT # N93000002564

1. Corporation Name

POWER, FAITH & DELIVERANCE MINISTRIES

2. Principal Office Address

1900 NW 2d CT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33136

Country

USA

3. Mailing Office Address

241 NW 17th ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33136

Country

USA

REINSTATEMENT 99-01

4. Date Incorporated or Qualified
To Do Business in Florida

JUN 93

5. FEI Number

65-0707527

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

VINCENT SPANN

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

241 NW 17th ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33136

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 22 MAR 01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	VINCENT SPANN	241 NW 17th ST	MIAMI, FLA 33136
SECT	GREGORY BURRELL	2808 N. MIAMI AVE	MIAMI, FLA 33127
TREAS	ALBERT JONES	1900 NW 2d CT	MIAMI, FLA 33136

10. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 MAR 01

Date

(305) 326-8821
Daytime Phone #

CR2E081 (9/00)