

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

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DOCUMENT # N94000005097

1. Corporation Name

DAYBREAK GOSPEL MINISTRY INC

2. Principal Office Address

325 SW 27 Ave

Suite, Apt. #, etc.

Ft Lauderdale

City & State

FLORIDA

Zip

33312

Country

Broward

3. Mailing Office Address

P.O. BOX 694742

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33269

Country

DADE

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

OCTOBER 14, 1994

5. FEI Number

65-0395064

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

SELVYN GOODEN

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

5606 DOUGLAS STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD FL

State

FL

Zip Code

33021

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

Selvyn Gooden

REGISTERED AGENT MUST SIGN

900003482409--5

Date 12/01/00--01016--015

*****8.75 *****8.75

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
P/D	SELVYN G. GOODEN	5606 douglas st	HOLLYWOOD FL, 33021
V/P	Colleen Gooden	5606 douglas st	Hollywood fl, 33021
T.	Gloria Dailey	2340 NW 52 ct	Ft. Lauderdale 33309
D	Sherine Lambie	7737 Harbour Blvd	Miramar fl, 33023

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Selvyn Gooden

11/1/2000

Date

(954) 894-8342

Daytime Phone #