

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000003001**

1. Corporation Name
LAST DAY DELIVERANCE FOR ALL PEOPLE MINISTRIES, INC.

Principal Place of Business Mailing Address
16331 N.W. 37TH PLACE 16331 N.W. 37TH PLACE
OPA-LOCKA FL 33054 OPA-LOCKA FL 33054

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

100013165601
02/27/03--01059--003 ***175.00
03 FEB 27 AM 9:00
100013165601
02/27/03 SECRETARY OF STATE ***122.50
TALLAHASSEE, FLORIDA



REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida **06/21/1995**
5. FEI Number **65-0662192** 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	4 City / State / Zip
PD	DAWKINS, JAMES W SR	1630 NW 153RD STREET	OPA-LOCKA FL 33054
SD	DELANCY, VALERIE DEAN, EDITH Q.	1651 NW 154TH ST 11840 N.E. 19 th DRIVE APT. 25	OPA-LOCKA FL 33054 North Miami, FL 33181
TD	DAWKINS, JANICE	1630 NW 153RD STREET	OPA-LOCKA FL 33054
D	BENJAMIN, CYNTHIA	16331 NW 37TH PLACE	OPA-LOCKA FL 33054

8. Name and Address of Current Registered Agent

BENJAMIN, CYNTHIA
16331 N.W. 37TH PLACE
OPA-LOCKA FL 33054

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 2/24/03

11. 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 REQUIRED** James W Dawkins 2/24/03 (305) 687-8285
Date Daytime Phone #

CR2E040 (8/02)