

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

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

Mailing Address

16331 N.W. 37TH PLACE
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

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DAWKINS, JAMES W SR	1630 NW 153RD STREET	OPA-LOCKA FL 33054
SD	DELANCY, VALERIE DEAN, EDITH Q.	1651 NW 154TH ST APT. 25 11840 N.E. 19TH DRIVE	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
FL

Zip Code

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 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 REQUIRED
James W Dawkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03

Date

(305) 687-8285

Daytime Phone #