PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLEASE NEAD ALE INSTRUCTIONS DETORE CONFERENCE (INSTRUCTIONS						
	PORATION STATEMENT		DEPARTMENT OF ST Secretary of State rision of corporations	TATE	06 HAY -8 AH 7: 3	
DOCUMENT # N96000000924 1. Corporation Name Faith Tabernacle Deliverance Temple, Inc.					0000755499 31/0601019010	
2. Principal Office Address 3. Mailing O			Office Address			•
			10275 NE 2nd Avenue		CD3E091 (13/05)	03-06
Suite, Apt. #			Suite, Apt. #, etc.		CR2E081,(12(05)	
			4. Date Inco		rporated or Qualified	
City & State City & State					usiness in Florida 2-21-19	
Miami Shores, FL Mi			Miami Shores, FL 5. FEI Nur		^{ber} 2-3698830	Applied For Not Applicable
Zip	Country	Zip	Country			Additional Fee required
3313	8 USA	33138	B USA	CERTIFICA	TE OF STATUS DESIRED 58.75	Certificate of Status
7. Name and Address of Current Registered Agent						
	Name Curtis R. Brown					
	Street Address (P.O. Box Number is Not Acceptable)					
	10275 NE 2nd Avenue					
	Suite, Apt. #, Etc.					
	City Miami S	hores			State Zip Code FL 33138	
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 ————————————————————————————————————						
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Titles	Name Officers and/o		Street Address of Each Officer and/or Director		City / State /	Zip
PD	Curtis R. Brown		19622 NW 88t	h Avenue	Miami, Florid	a 33016
SD	Edward Brown		17721 NW 14t	h Court	Miami, Florid	a 33056
TD	Eddie Harri	S	2870 NW 205t	h Terrace	Miami, Florid	a 33056
						į.
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 filling 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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and ray signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						



Faith Tabernacle Deliverance Temple

10275 N.E. 2nd Avenue • Miami Shores, Florida 33138 Telephone: (305) 759-8819 • Facsimile: (305) 759-8110

Bishop Curtis R. Brown, Sr. Pastor

May 3, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:

We are requesting that the reinstatement fee of \$175.00 be waived due to non-receipt of an Annual Report Notice in the year of 2003.

Sincerely,

Bishop Curtis R. Brown

President