

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 19 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002917

1. Corporation Name

A DREAM COME TRUE MINISTRY, INC.

Principal Place of Business

Mailing Address

17500 NW 42ND CT
MIAMI FL 33055

17500 NW 42ND CT
MIAMI FL 33055



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

06/02/1996

5. FEI Number

31-1485403

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	WOODARD, RUFUS D	17500 NW 42ND CT	MIAMI FL 33055
VD	POLLOCK, RODNEY	17500 NW 42ND CT	MIAMI FL 33055
DS	POLLOCK, DEBRA	17500 NW 42ND CT	MIAMI FL 33055
TD	WOODARD, ANTONETTE	17500 NW 42nd ct.	MIAMI FL 33055

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HALL, ROBERT
3041 OAKLAND FOREST DRIVE
SUITE 204
FT. LAUDERDALE FL 33309

Name

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

Suite, Apt. #, Etc.

City

000003027330-4

-10/28/99-01003-005

*****61-25 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.

Signature of
Registered Agent

Rufus Woodard

REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/13/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rufus Woodard

Date

10/13/99 (305) 622-9815

Daytime Phone #

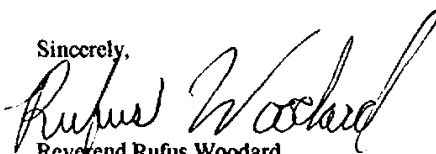
2

October 13, 1999

To Whom It May Concern:

I am writing to say that A Dream Come True Ministry Incorporated. As of October 1, 1999 has not received an annual report for this year. Therefore, we are sending our fee along with the Certificate of Administrative Dissolution or Revocation. Thank you for your Cooperation.

Sincerely,


Reverend Rufus Woodard
President

RW/aw