

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

01 NOV 13 PM 12:50

DOCUMENT # N96000002917

1. Corporation Name

A DREAM COME TRUE Ministry, Inc.

W01-22763

2. Principal Office Address

505 N.W. 130th Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 5534

Suite, Apt. #, etc.

City & State

North Miami, Florida

City & State

Miami, Florida

Zip

33168

Country

USA

Zip

33269

Country

USA

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. Name and Address of Current Registered Agent

Name

DAVID Allison - McPherson

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

3047 NW 102 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33177

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9/25/2001

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
PD	Woodard, Rufus D.	505 NW 130 th Street	North Miami, Fla. 33168
VD	Rodney Pollack	2520 N.W. 85 th Avenue	Sunrise, FL 33322
DS	Butler, Patricia	2520 N.W. 85 th Avenue	Sunrise, FL 33322
DT	Woodard, Antoinette	505 NW 130 th Street	North Miami, Fla 33168

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NOVEMBER 07, 2001

ATTENTION: DEPARTMENT OF STATE

TO WHOM IT MAY CONCERN:

I AM SENDING THIS LETTER ON BEHALF OF A DREAM COME TRUE MINISTRY
INC. WE RECENTLY SENT MONIES TO RENEW AND REINSTATE OR CHARTER

~~AND IT WAS SENT BACK DUE TO INSUFFICIENT FUND AMOUNT. THIS~~

REASON BEING BECAUSE THROUGH CAREFUL RESEARCHING OF BANK STATE-

MENTS AND RESEARCHING OF BANK FILES AS WELL, THERE SEEMS TO BE

A PROBLEM THAT CHECK#5081 NEVER REACHED YOUR DEPARTMENT OR DID

IT REACH THE BANK FOR CLEARANCE LAST YEAR WHEN THE CHARTER WAS

SUPPOSE TO RENEW FOR THE YEAR 2000. IT APPEARS THAT DUE TO

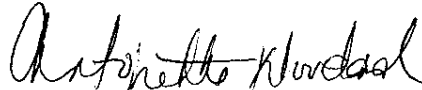
THIS FINDING THAT IT GOT LOST IN THE MAIL. A DREAM COME TRUE

MINISTRY INC. IS ASKING THAT THE REINSTATEMENT FEES BE WAIVED

AND WE ARE SENDING THE AMOUNT FOR THE CHARTER.

THANK YOU FOR YOUR COOPERATION.

SINCERELY YOURS,



ANTOINETTE WOODARD
TREASURER