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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 23 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/23/03--01034--018 **61.25

REINSTATEMENT 2003

DOCUMENT # N96000002917

1. Corporation Name
A Dream Come True Ministry, Inc.

2. Principal Office Address
505 NW 130th Street
Suite, Apt. #, etc.
City & State: Miami, Florida
Zip: 33168 Country: USA

3. Mailing Office Address
P.O. Box 5534
Suite, Apt. #, etc.
City & State: Miami, Florida
Zip: 33269 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/02/96

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: Rufus Woodard
Street Address (P.O. Box Number is Not Acceptable): 505 NW 130th Street
Suite, Apt. #, Etc.
City: Miami State: FL Zip Code: 33168

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: Rufus Woodard
REGISTERED AGENT MUST SIGN
Date: 12/15/03

CR2E081 (10/02)

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
DP	Woodard, Antoinette	505 NW 130th Street	Miami, FL 33168
DS	Taylor, Sylvia	505 NW 130th Street	Miami, FL 33168
DT	Kempson, Charles	505 NW 130th Street	Miami, FL 33168
D	Bourne, Christopher	505 NW 130th Street	Miami, FL 33168
D	Burns, Larry	505 NW 130th Street	Miami, FL 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: Antoinette Woodard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 12/15/03
Daytime Phone #: (786) 853-2341

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December 15, 2003

To Whom It May Concern:

I'm writing this letter on behalf of, A Dream Come True Ministry, Inc. To say that we did not receive our Annual Uniform Business Report for the year 2003. We are asking for our fees to be waived for reinstatement. Thank you for your Cooperation.

Sincerely,

Rufus Woodard
Registered Agent