

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

DOCUMENT # N96000002917

1. Corporation Name

A DREAM Come TRUE Ministry, Inc.

HR

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

000025730460

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

REINSTATEMENT 2003

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

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	Kempner, 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

12/15/03

Date

(786) 53-2341

Daytime Phone #

CR2E031 (10/02)

2082

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