PLEASE READ A	ALL INSTRUCTIONS I	BEFORE COMPLETI	NG THIS FORM.		
APPLICATION FLORIDA DEPARTMENT OF STATE				,	
FOR	Katherine Har Secretary of St				
REINSTATEMENT	DIVISION OF CORPOR		FILED		
DOCUMENT # 1970	000065665	99 DEC	C-1 AM 9:57		
1. Corporation Name The Word of Life Dr	eliverance Mini	stries, Inc TALLAH	TARY OF STATE ASSEE. FLORIDA		
Principal Place of Business	Mailing Address				
104NE 6 Street	100 NEL Stree	et .		•	
Ft. Lunderdule, Fil	Ft. Lunderdake,	7/L DEWIN	TATPLIFLY	~ 0000	
If above addresses are incorrect in any way, line thro	ough incorrect information and enter c	porrection below. HEINS	IAIEMENI	48-44	
2. New Principal Office Address, If Applicable	3 New Mailing Office Address, If A	Applicable 4. Date Incorp	orated or Qualified ness in Florida	197	
2164 N.W. 20 Street Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number		Applied For	
City & State	Ft. Landerdale, 7	6.	V / 14	Not Applicable Addition of the respect	
Zip Country 33311 USA	Zip Country	GERTIFICATE		e at Contiferational Status	
7. Names and Street Addresses of Each Officer and/o		tions must list at least 3 directors) set Address of Each			
Title(s) Name of Officers and/or Directors	Offi	icer and/or Director le Post Office Box Numbers)	City / Sta	te / Zip	
PD Bradford Curtis	u. 20 Street	Af Lundordal	e, fol 33311		
- 11	W Terr Dat 11	Let banker de	le 4/2 22211		
VD Williams, Eddie H	1 11	1111	1111		
SD Williams, Laurine 751 N.C		w. 14 terr, Apty.	Ft. Lunderd	ale, 4233311	
D Manuel, Eddie In 1160 No		w. 30 Yerr.	Frt. Lander de	12 74 33311 E29	
<u> </u>		20	-12/15/9901104013		
			****297.50 *	***297.50	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Bradford, Curtis L.				(12/98)	
2164 N.W. 20 Street	Street Address (P.O. Box Number is Not Acceptable)				
4.1. Lunderdule, LL 33	Suite, Apt. #, Etc.				
1 rample dute, 412 333	City	State Zip Code			
10. I, being appointed the gistered agent of the abo	ove named cosporation, am familiar w	th and accept the obligations of Sect			
Signature of Registered Agent / us hs	adhel		Date		
RE	EGISTERED AGENT MUST SIGN				
 This corporation owes the Intangible Personal Proper 	current year rty Tax due June 30.	Yes 🗆 No 🗀		e for information gible tax.)	
12. I certify that I am an officer or director or the receithis reinstatement application, the reason for dissolved by the corporation have been paid and the on this application is true and accurate, and my significant	olution has been eliminated, the corpo names of individuals listed on this for	prate name satisfies the requirement m do not qualify for an exemption of	BO BECIKE 1007.040 FOR 017.0	10 (, F , O . , D) D D D D D D D D D	
SIGNATURE: LINE STORES	HINTED NAME OF SIGNING OFFICER OR	S Bradford	Nov. 1, 99 9	54-485-5902 sylime Phone #	