

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000000074

1. Entity Name
UNITY DELIVERANCE CENTER, INC.



FILED
05 APR 14 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6151 MIRAMAR PARKWAY
309
MIRAMAR, FL 33023

Mailing Address
6721 JOHNSON STREET
HOLLYWOOD, FL 33024



2. Principal Place of Business
2240 N Sherman Circle
Suite, Apt. #, etc.
apt 108
City & State
miramar fl.
Zip
33025

3. Mailing Address
2240 N Sherman Circle
Suite, Apt. #, etc.
apt 108
City & State
miramar
Zip
Fl.
Country
U.S.A

0112005 REINSTR CR2E099 (6/04)
REINSTATEMENT 04-05
4. FEI Number
65-0861270
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FRASER-LANE, MELORINE
6721 JOHNSON ST
HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent
Name
Melorine Fraser
Street Address (P.O. Box Number is Not Acceptable)
2240 N Sherman Circle
City
apt 108
miramar
FL Zip Code
33025

B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE 4-4-05

FILE NOW!!! FEE IS \$122.50 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRASER-LANE, MELORINE 6890 SW 36 STREET MIRAMAR, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 09/17/04 90001 024 \$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRASER, MICHAEL 6890 SW 36 STREET MIRAMAR, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700052180147 04/27/05--01004--002 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIN, CHARMAINE 6721 JOHNSON ST APT 204 HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700052180147 04/27/05--01004--003 **\$8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYFIELD, MAXINE 3615 SW 52 AVE #C-105 HOLLYWOOD, FL 33022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRASER, JACINTH 6590 SW 36 ST MIRAMAR, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELORINE FRASER 4-4-05 9544376630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

January 4, 2005
Unity Deliverance Center, Inc.
9301 E. Fern Lane
Miramar, Florida 33025

To whom it may concern:

Name of company: Unity Deliverance Center, Inc.
Dock Number: **N99000000074**

Please find enclosed a check for **Sixty-one dollars and twenty five cents (\$61.25)** for 2005 annual report. We ask with this letter that the penalty fee be waived due to the fact that we did not receive notification by mail. However, my new address is listed below:

Unity Deliverance Center, Inc.
2240 N. Sherman Circle #108
Miramar, Florida 33025

Thanking you in advance.

Sincerely,

Melorie Fraser