

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 17 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001148

1. Corporation Name

Oasis of Love Deliverance Ministries, Inc. **REINSTATEMENT 01-64**

2. Principal Office Address

4723 NW 183rd St.

Suite, Apt. #, etc.

3. Mailing Office Address

4723 NW 183rd St.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33055

Country

USA

Zip

33055

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/1999

5. FBI Number

65-0895837

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

Iris Troy

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

17640 NW 12th Ave.

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33169

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 02/01/04

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
ED	Troy, Iris J.	17640 NW 12 th Ave	Miami, FL 33169
D	Hanson, Ovida	19131 NW 35 th Ave.	Miami, FL 33056
D	Ivery, Woodrow	2910 NW 158 th St.	Miami, FL 33054

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

02/01/04 (305) 625-4123

Date

Daytime Phone #

CR2E081 (01/04)