PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 17 AM 11:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **759757**

1. Corporation Name

SHILOH APOSTOLIC HOLINESS CHURCH OF OUR LORD JESUS CHRIST, INC.

Principal Place of Business	Mailing Address
1224 WEST 26TH STREET JACKSONVILLE FL 32208	7527 DOVER CLIFF DR. N. JAX FL 32244

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/21/1981

5. FEI Number: 56-1124351 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VPD	SPRINGER, TIMOTHY	7527 DOVER CLIFF DR. N.	JAX FL 32244
PD	MEREDITH, ROBERT	130 BELFORD RD	JAX NC 28540
S	GRAY, BOBBY	130 BEDFORD RD	JAX NC 28540
SD	SPRINGER, PATRICIA	7527 DOVER CLIFF DR. N.	JAX FL 32244
T	SPRINGER, TIMOTHY	7527 DOVER CLIFF DR. N.	JAX FL 32244
			200025545152 12/17/03--01011--009 **236.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SPRINGER, TIMOTHY 7527 DOVER CLIFF DR. N. JAX FL FL322-44	Name: Timothy Springer Street Address (P.O. Box Number is Not Acceptable): 7527 DOVER CLIFF DR Suite, Apt. #, Etc.: SAP FL City: JAX State: FL Zip Code: 32244

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Timothy I Springer Timothy I Springer Date: 12-12-03
REGISTERED AGENT MUST SIGN

11. 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.

(904) 573-2065

SIGNATURE: Patricia Springer Patricia Springer 10/9/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #