PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT 20 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005215

1. Corporation Name
A Shepherd's Hand Resource Center, Inc.
9217 Miccosukee Road
Tallahassee, Florida, 32309

REINSTATEMENT 05-06

2. Principal Office Address		**3.** Mailing Office Address	
Post Office Box 313		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Havana, Fl			
Zip	Country	Zip	Country
32333	Gadsden		

4. Date Incorporated or Qualified To Do Business in Florida 7/10/02

5. FEI Number 59-0006898 ☐ 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: Stanley B. Sims, Sr.
Street Address (P.O. Box Number is Not Acceptable): 9217 Miccosukee Road
Suite, Apt. #, Etc.:
City: Tallahassee | State: FL | Zip Code: 32309

$10/20

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: Stanley B. Sims, Sr. (REGISTERED AGENT MUST SIGN) Date: 10/20/06

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
CD	Toyka Mungen	Gilimore Drive Tallh, F	Tallahassee, Florida 32310
S	Donald Jefferson	35 Percel Lane	Cocawfordville, Florida 32327
D	Stanley Sims, Sr.	9217 Miccosukee Road	Tallahassee, Fl. 32309
D	Barbara Truebload	Jim Lee Road	Tallahassee, Fl. 32310
D	Sylvia Bradwell	1701 Lake Bradford	Tallahassee, Fl. 32310

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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 contained in Chapter 119, 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: Stanley B. Sims, Sr. 10/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/20/06

To whom it may concern:

I did not recieved the annual report for the year 2005.

Stanley B.