

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 SEP 18 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N39334

1. Corporation Name  
NEW SHILOH SERVICE CORPORATION

REINSTATEMENT 97-02

2. Principal Office Address  
1350 N.W. 95th St.

3. Mailing Office Address  
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida  
8/2/90

City & State  
Miami FL

City & State

5. FEI Number  
65-0212612

Applied For  
Not Applicable

Zip  
33147

Country  
USA

Zip

Country

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

7. Name and Address of Current Registered Agent

Name  
Barry M. Boren Esq.

Street Address (P.O. Box Number is Not Acceptable)  
9200 S. Dadeland Blvd.

Suite, Apt. #, Etc.  
#412

City  
Miami

State  
FL

Zip Code  
33156

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  
Date 10/2/2002

REGISTERED AGENT MUST SIGN

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
P/D	Edward Johnson	1350 N.W. 95th St.	Miami FL 33147
S/D	Maxine Alexander	1350 N.W. 95th St.	Miami FL 33147
T/D	Curtis Matchett	1350 N.W. 95th St.	Miami FL 33147

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: Edward Johnson 09-11-02 (305) 835-8280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Charter Number Only

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N  
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Y

Barry M. Boren  
Requestor's Name  
 9200 S. Dadeland Blvd # 412  
Address  
 Miami, FL 33156  
City State ZIP Phone  
 (305) 670-2200N

CORPORATION(S) NAME

NEW SHILOH SERVICE CORPORATION

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Profit                   | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Foreign                  | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Other                      |
| <input checked="" type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy           | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Call When Ready          | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In       | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up         |
|   |  | <input type="checkbox"/> Mail Out                   |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028