

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000002541

1. Corporation Name

THE SHILOH MISSIONARY BAPTIST CHURCH OF PAHOKEE
FLORIDA, INC.

Principal Place of Business

Mailing Address

478 RADIN AVE
PAHOKEE FL 33476

478 RADIN AVE
PAHOKEE FL 33476

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

2. New Principal Office Address, If Applicable

187 W 5th St.

3. New Mailing Office Address, If Applicable

P.O. Box 223

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Pahokee FL

City & State Pahokee FL

Zip 33476 Country USA

Zip 33476 Country USA



REINSTATEMENT 9855

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1997

5. FEI Number

☒ 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
Chairman	Jerome Govan	8888 Seville St.	Pahokee, FL 33476
Trustee	Myrtice Cade	1508 Jordan Blvd	Pahokee, FL 33476
Church Sec.	Robbie Everett	331 E 2nd St.	Pahokee, FL 33476
Pastor	Rev. Larry White	170 W 5th St.	Pahokee, FL 33476
Deac	Flint Scott	616 SW 11th St.	Belle Glade, FL 33476

8. Name and Address of Current Registered Agent

WHITE, LARRY
170 W 5TH ST
PAHOKEE FL 33476

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 16 1998

Daytime Phone #

CR2E040 (9/98)