

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 APR 30 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **728563**

1. Corporation Name

NEW SHILOH MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

1350 N.W. 95TH STREET
MIAMI FL 33147

Mailing Address

1350 N.W. 95TH STREET
MIAMI FL 33147

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-0658731

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	JACKSON, ARTHUR JR.	1350 N.W. 95TH STREET	MIAMI FL 33147
VT	JOHNSON, EDWARD	1100 NW LITTLE RIVER DR	MIAMI, FL 33147 33150
TD	RICHARDSON, LEROY	2021 NW 190TH TERR.	MIAMI FL 33056
SD	ROUNDTREE, CLARA	1358 N.W.	MIAMI FL 33147
D	WELCH, SAUNDERS	5600 NW 9TH AVE.	MIAMI FL 33127
SD	LOVETT, BRENDA	6711 N.W. 29TH AVE.	MIAMI FL 33147

8. Name and Address of Current Registered Agent

BARRY BOREN, ESQ
9200 S DADELAND BLVD 412
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

5.00004287165--2

City

-05/22/01--01061--007

****297 FL ****297.50

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

4-4-01

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/01

Daytime Phone #

(305) 835-8280

CR2E040 (8/00)