

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

12 JAN 30 PM 12:23

DOCUMENT # 714764

1. Corporation Name

Salvation Healing & MIRACLE  
Center INC

2. Principal Office Address - No P.O. Box #

440 Barbara Jenkins St

3. Mailing Office Address

P.O. Box 658

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa Florida

City & State

Cocoa FL 32923-0658

Zip

Country

32922

USA

Zip

Country

USA

000219961450  
01/30/12--01/05/12--003 \*\*367.50  
**REINSTATEMENT** 10-12

4. Date incorporated or Qualified To Do Business in Florida

5. FEI Number

23-7227512

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lurline Smith

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

1034 Revilla Lane

Suite, Apt. #, Etc.

City

Rockledge

State

FL

Zip Code

32955

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

Lurline Smith

Date 01-26-2012

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
<u>PTD</u>	<u>Lurline Smith</u>	<u>1034 Revilla La</u>	<u>Rockledge FL 32955</u>
<u>DS</u>	<u>Sonja y. Pool</u>	<u>996 Demerit Dr.</u>	<u>Rockledge FL 32955</u>
<u>D</u>	<u>Robert Randall</u>	<u>501A Lane</u>	<u>Cocoa FL 32922</u>

10. E-mail Address: BENNAN33@aol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Lurline Smith - Lurline Smith Date 01-26-2012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 31 2012

A. DUNLAP