

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 NOV 22 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735060

1. Corporation Name

Shiloh Apostolic Faith Church

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

3058 Royal Ln

Suite, Apt. #, etc.

3. Mailing Office Address

3035 Old St. Augustine Rd

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32311

Country

USA

Zip

32311

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/1976

5. FEI Number

54-1669431

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

Tamara James

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

3035 Old St. Augustine Rd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

700292604227

11/23/16--01002--002 **425.00

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

Tamara James

Date 11-22-16

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 |
|--------|--------------------------------------|---|-----------------------|
| PT | Tamara James | 3035 Old St. Augustine Rd | Tallahassee, FL 32311 |
| VPT | Alpha D. Henderson | 3035 Old St. Augustine Rd | Tallahassee, FL 32311 |
| DT | John Jackson, Jr | 3035 Old St. Augustine Rd | Tallahassee, FL 32311 |
| ST | Zanovia M. Walker | 2733 N. Sandalwood Dr. | Tallahassee, FL 32305 |
| TT | Twana E. Hall | 2725 N. Sandalwood Dr | Tallahassee, FL 32305 |
| DT | Cleotha A. Hall | 2725 N. Sandalwood Dr | Tallahassee, FL 32305 |

10. E-mail Address:

(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:

Tamara E. Hall Twana E. Hall

11-22-16

850-545-5572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NOV 22 2016