

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 22 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 836195

1. Corporation Name

Shiloh Apostolic Temple Corporation

1516-22 West Master Street

2. Principal Office Address

1516-22 West Master Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Philadelphia, Pa.

City & State

Zip

19121

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/16/76

5. FEI Number
23 197 2762

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

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

REINSTATEMENT 02-04

YFM
10/19/04

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.

ANN J. WILLIAMS

Signature of
Registered Agent

Ann J. Williams

Assistant Vice President

Date *October 19, 2004*

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
PD	Michael S. Doub	1516-22 West Master Street	Philadelphia, Pa. 19121
S	Dorothy Grant	1516-22 West Master Street	Philadelphia, Pa. 19121
D	Eula M. Doub	1516-22 West Master Street	Philadelphia, Pa. 19121
D	James Hayes	1516-22 West Master Street	Philadelphia, Pa. 19121

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:

Bishop Michael S. Doub
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/04

Date

215 763 7335

Daytime Phone #

CR2E081 (01/04)