

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 11 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F08000005224

1. Corporation Name

Church of the Good Shepherd Foundation, Inc.

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

6601 Southeast Harbor Circle

Suite, Apt. #, etc.

City & State

Stuart, Florida

Zip

34996

Country

U.S.

3. Mailing Office Address

6601 Southeast Harbor Circle

Suite, Apt. #, etc.

City & State

Stuart, Florida

Zip

34996

Country

U.S.

500163541075

12/11/09--01041--001 **61.25

CR2E081 (12/07)

REINSTATEMENT

09

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

12/8/2008

5. FEI Number

04-6050746

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

James Nichol

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

6601 Southeast Harbor Circle

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34996

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

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
PTD	James Nichol	6601 Southeast Harbor Circle	Stuart, Florida 34996
VSD	Kathryn Nichol	6601 Southeast Harbor Circle	Stuart, Florida 34996

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 contained in Chapter 119, 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:

James Nichol
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Nichol

603-387-9142

Date

Daytime Phone #