

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB -5 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100118410521
02/20/08--01007--013 **184.50

REINSTATEMENT 06-08

CR2E081 (1/07)

DOCUMENT NO1000000651

1. Corporation Name

Shalom Center Ministry, Inc

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

6620 Arlington Expwy

Suite, Apt. #, etc.

6604

City & State

Jacksonville

Zip

32211

Country

Duval

3. Mailing Office Address

1021 Westbrook Cir W.

Suite, Apt. #, etc.

1021

City & State

Jacksonville, FL

Zip

32209

Country

Duval

4. Date Incorporated or Qualified
To Do Business in Florida

JANUARY 1, 2001

5. FEI Number

59-3702651

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

Rev. JACQUES MERVIL

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

1021 Westbrook Cir W.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32209

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

REGISTERED AGENT MUST SIGN

Date

01/28/08

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 | JACQUES MERVIL | 1021 Westbrook Cir W. | Jacksonville FL 32209 |
| SD | DICKSON FLEWY | 226 Gerald Rd | Jacksonville FL 32216 |
| TD | MERVIL EVELY | 1021 Westbrook Cir W | Jacksonville FL 32209 |
| SD | JOAS MERVIL | 104 King St. #46 | Jacksonville FL 32204 |
| HD | Victor Jean | 2929 Justice Rd | Jacksonville FL 32277 |
| AD | Brunet Bonaparte | 1801 Lane Ave | Jacksonville FL 32210 |

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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUES MERVIL

Date

01/28/08

Daytime Phone #