

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N01000006063**

1. Corporation Name

SHEPHERD'S FUND CORPORATION

Principal Place of Business

2709 ALLEN RD., STE. 100
TALLAHASSEE FL 32312

Mailing Address

2709 ALLEN RD., STE. 100
TALLAHASSEE FL 32312

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/2001

5. FEI Number

59-3741210

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D, P	VIKER, KATHERINE	3502 LIMERICK DR.	TALLAHASSEE FL 32309
D	SAVITZ, JASON	1914 LARETTE DR., APT. D	TALLAHASSEE FL 32301
D, S	WHINNETT, KRISTEN BARBARA ANN COX	501 BLAIRSTONE RD., APT. 4121 EAWHITNEY DR EAST	TALLAHASSEE FL 32301 32309
D	COLLIER, CHARLENE	331 2ND ST.	ATLANTIC BEACH FL 32233
D	WEBER, GAE	10431 DEERWOOD CLUB RD.	JACKSONVILLE FL 32256
D, T	DACQUES VIKER	3502 LIMERICK DRIVE	TALLAHASSEE, FL 32309

8. Name and Address of Current Registered Agent

VIKER, KATHERINE
2709 ALLEN RD., STE. 100
TALLAHASSEE FL 32312

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

Date **10/29/02**

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

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., 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)(f), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850-3884573
Daytime Phone #

To: Department of State
From Shepherd's Fund

10/29/02 *PKP*

Reinstatement Officer,

I have just been notified of the dissolution of my corporation "Shepherd's Fund Corporation" I sent in the annual report form, and have since learned that it was returned to me for corrections. I never received the form for corrections and I was notified that it was returned by the Post Office. I am asking for a waiver of the reinstatement fees in this situation. I am enclosing a copy of the check that was used for payment on 5/29/02.

Sincerely,



Katherine Viker
President
Shepherd's Fund