

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 DEC 15 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N 01000006093**

**1. Corporation Name**

THE GOOD SHEPHERD HUMANITARIAN CORPORATION

1425 W. BRANCH STREET  
1425 W. BRANCH STREET

**2. Principal Office Address**

1425 W. BRANCH STREET

**3. Mailing Office Address**

1425 W. BRANCH STREET

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

LANTANA, FLORIDA

City & State

LANTANA, FLORIDA

Zip

33462

Country

USA

Zip

33462

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida **AUGUST 27, 2001**

**5. FEI Number**

65-1133662

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

CANESTE SUCCE

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

1425 W. BRANCH STREET

Suite, Apt. #, Etc.

N/A

City

LANTANA, FLORIDA

State  
**FL**

Zip Code  
33462

**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

**10-20-04**

**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	CANESTE SUCCE	1425 W. BRANCH STREET	LANTANA, FLORIDA 33462
D	Jocqueline Torchen	1292 Raintree Lane	Willingdon, Florida 33414
D	Menace cherizlos	1425 W BRANCH ST LANTANA	LANTANA FL 33462

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10-20-04**

Daytime Phone #

CR2E081 (01/04)