

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 OCT -5 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000001810

1. Corporation Name

Meshnah Community Development & Enrichment Center, Inc.

2. Principal Office Address

1051 NW 62nd Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33150

Country

USA

3. Mailing Office Address

17450 SW 296th Street

Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip

33030

Country

USA

CR2E081 (12/05)

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

5. FEI Number

☒ 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

Cassie Sorrells-Brown

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

17450 SW 296th Street

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33030

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**

Cassie Sorrells-Brown

REGISTERED AGENT MUST SIGN

Date

8/6/06

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
D	Cassie Sorrells-Brown	17450 SW 296th Street	Homestead, Florida 33030
D	Susie W. Easterling	2515 NW 107th Street	Miami, Florida 33167
D	Venus McCuthen	395 NE 191st Street	Miami, Florida 33167

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:

Cassie Sorrells-Brown - Cassie Sorrells-Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/6/06

Daytime Phone #

(305) 248-4886

Shekinah Glory Deliverance Ministries, Inc.

*Her Grace, Apostle-Designate Cassie Sorrells-Brown, D.Th.,
Sr. Pastor & Founder*

Office phone: (305) 759-4844 Fax: (305) 759-4834
E-mail: deliverances@bellsouth.net

September 22, 2006

To Whom It May Concern:

**RE: Meshnah Community Development & Enrichment Center, Inc.
Ref. Number: N02000001810**

I am hereby requesting the reinstatement of the Meshnah Community Development & Enrichment Center, Inc., (N02000001810) due to the Principal Address and the Mailing Address listed on the Annual Report are incorrect. Documentation concerning the reporting of the Annual Report was never received.

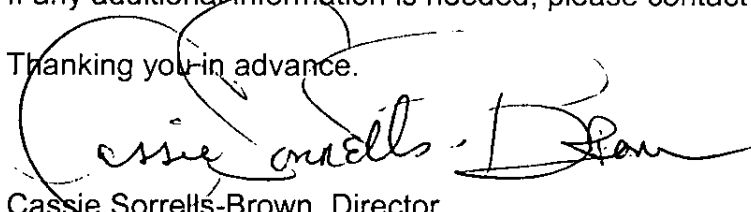
I am requesting that the reinstatement fee and the late fee be waived for the above reasons.

Based on our records the 2004 and 2005 Annual Reports were not filed.

Also, the name is misspelled on the Annual Report. The correct name is **Meshnah** not **Meshnan**.

If any additional information is needed, please contact me at (305) 248-4886.

Thanking you in advance.


Cassie Sorrells-Brown, Director

Location: 1051 NW 62nd street, Miami, FL. 33150
Mailing Address: P.O. Box 901435, Homestead, FL. 33090