

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -9 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO 2000005215

1. Corporation Name

A Shepherd's Hand Resource Center, Inc.

2. Principal Office Address

P.O. Box 313

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 313

Suite, Apt. #, etc.

City & State

Havana, FL

City & State

Havana, FL

Zip

32333

Country

Gadsden

Zip

32333

Country

Gadsden

4. Date Incorporated or Qualified
To Do Business in Florida

7/10/02

5. FEI Number

50-0006898

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

Pastor Stanley B. Sims, Sr.

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

9217 Miccosukee Road

Suite, Apt. #, Etc.

Tallahassee, Florida

City

State
FL

Zip Code

32309

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

Stanley B. Sims, Sr.
REGISTERED AGENT MUST SIGN

Date

12-05-03

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
	Elder Donald Jefferson	35 Percel Lane Crawfordville, Florida 32327	→
Tx	Elder Louis Parker	P.O. Box 123	Midway, Florida 32343
Co-Chairman	Toyka Mungen	Galimore Dr.	Tallahassee, FL 32310
Chair	Elder Stanley B. Sims, Sr.	9217 Miccosukee Road	Tallahassee, FL 32309
	Sylvia Brahmwell	1701 Lake Bradford	Tallahassee, FL 32310

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:

Stanley B. Sims, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/03

Date

Daytime Phone #

(850) 544-0675

CR2E081 (10/02)

A SHEPHERD'S HAND RESOURCE CENTER, INC.
"Community Faith-Based Organization"
Post Office 313
Havana, Florida 32333

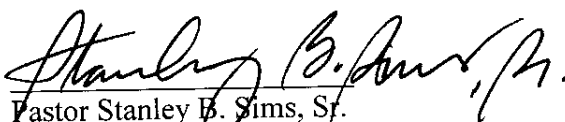
December 2, 2003

Attention: TO WHOM IT MAY CONCERN

RESOLUTION

WE, the undersigned, being members of the Board of Directors, A Shepherd's Hand Resource Center, (ASHRC) hereby agree to ask the Department of State, of the State of Florida, to wave penalties and fees regarding the renewal of A Shepherd's Hand Resource, Inc. We did not receive notice by mail, and apologizes for any inconveniences this has caused.

Your continued support in enabling us to provide health and job assistance to low-income families is greatly appreciated.


Pastor Stanley B. Sims, Sr.
Founder/Executive Director