

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 FEB 12 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800088983168

02/22/07--01001--029 \*\*183.75

**REINSTATEMENT 05-07**

CR2E081 (1/07)

DOCUMENT # NO 4000005581

**1. Corporation Name**

SHILOH COMPASSION outreach ministries

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

359 W BR ST. 32808  
JACKSONVILLE FLA.

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

17 Wagon wheel Place  
PAIM COAST FL 32164

Suite, Apt. #, etc.

City & State

Zip

Country

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

6-3-03

**5. FEI Number**

#57-0817121

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

WINDSOR BOAZ STUPPARD

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

17 Wagon wheel Pl.

Suite, Apt. #, Etc.

City

PAIM COAST FLA. 32164

State

FL

Zip Code

32164

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

Windsor B. Stuppard  
REGISTERED AGENT MUST SIGN

Date

2-6-07

**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
PRES.	WINDSOR BOAZ STUPPARD	17 Wagon wheel Pl. PAIM COAST FL 32164	PAIM COAST FL 32164
Treasurer	GLORIA E. STUPPARD	17 Wagon wheel Pl. PAIM COAST FL 32164	PAIM COAST FL 32164
Vice Pres.	EMEM BOAZ STUPPARD	1144 Castlewood Terrace	Casselberry FL 32707
Director	CARLO J. STUPPARD	1560 Randolph ST	Deltona FL 32725
Chairman	MICHAEL E. ORATOKHAI	2890 Rockingham Circle	Orlando FL 32808
Sec.	ISLANDER N. STUPPARD	1560 Randolph ST	Deltona FL 32808

**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:

Windsor B. Stuppard  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

jc 2/14