

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300088983168
02/22/07--01001--029 **183.75

REINSTATEMENT 05-07

CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *NO 4000005581*

1. Corporation Name
SHILOH COMPASSION outreach ministries

2. Principal Office Address - No P.O. Box #
359 W BR ST. 32208 Jacksonville Fla.

3. Mailing Office Address
17 Wagon wheel Place Palm coast Fl. 32164

Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida *6-3-03*

5. FEI Number *#57-0817121*

Applied For	Not Applicable
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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
PALM 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* Date *2-6-07*

REGISTERED AGENT MUST SIGN

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. PALM coast FL. 32164	PALM coast FL. 32164
Treasurer	GLORIA E. STUPPARD	17 Wagon wheel Pl. PALM coast FL. 32164	PALM coast Fla. 32164
Vice-Pres.	EMEM BOAZ STUPPARD	1144 castlewood Terrace	Casselberry FL. 32707
Director	CARLO J. STUPPARD	1560 RANDOLP ST	Deltona FL. 32725
Chairman	MICHAEL E. ORATOKHAI	2890 ROCKINGHAM CIR	Orlando FL. 32808
Sec.	ISLANDE N. STUPPARD	1560 RANDOLP 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