

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 11 AM 10:06

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

100159469071
08/11/09--01024--010 **300.00

DOCUMENT # N05000011678

1. Corporation Name
SHALOM INTERNATIONAL MINISTRIES, INC.

2. Principal Office Address - No P.O. Box #
**3A BLOCK 5 UNIT 1
SHERWOOD OAK DR**

3. Mailing Office Address
SHERWOOD OAK DR

Suite, Apt. #, etc.
3A BLOCK 5 UNIT 1

Suite, Apt. #, etc.
3A BLOCK 5 UNIT 1

City & State
ORANGE PARK, FL

City & State
ORANGE PARK, FL

Zip Country
32073 USA

Zip Country
32073 USA

REINSTATEMENT 06-09
CRZE081 (12/08)
~~253.75~~ 245.00

4. Date Incorporated or Qualified To Do Business in Florida
NOVEMBER 17, 2005

5. FEI Number Applied For
20-3852344 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
MILAGROS MENDOZA

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

Suite, Apt. #, Etc.
3A BLOCK 5 UNIT 1

City State Zip Code
ORANGE PARK FL 32073

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
[Signature]
REGISTERED AGENT MUST SIGN

Date **July 31, 2009**

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	MILAGROS MENDOZA	3A BLOCK 5 UNIT 1 SHERWOOD OAK DRIVE	ORANGE PARK FL 32073
VP	JOSE L. MENDOZA	3A BLOCK 5 UNIT 1 SHERWOOD OAK DRIVE	ORANGE PARK FL 32073
SEC/Treas	JOE L. MENDOZA	3A BLOCK 5 UNIT 1 SHERWOOD OAK DRIVE	ORANGE PARK FL 32073
ADVISOR	HECTOR ORTIZ	1118 COLDFIELD DR	JACKSONVILLE FL 32246
ADVISOR	JOYCE OWENS	3501 CROWELL DR	COLUMBUS GA 31906
ADVISOR	JAMIE WILLIAMS	801 22 ND AVE	PHENIX CITY AL 36869

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: *[Signature]*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MILAGROS MENDOZA July 31, 2009

Date Daytime Phone #

909-778-4030