

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JUL 21 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 10000005314*

1. Corporation Name

*Shetkinah SDA Church of
Palm Bay, INC*

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

661 Grandeur st

Suite, Apt. #, etc.

Palm Bay - Florida

City & State

32909

Zip

Country

USA

3. Mailing Office Address

661 Grandeur st

Suite, Apt. #, etc.

Palm Bay

City & State

Florida

Zip

Country

32909

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

55-0801413

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

CLETUS CHARLES

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

661 - Grandeur st

Suite, Apt. #, Etc.

Palm Bay

City

State

FL

Zip Code

32909

400262525324
07/21/14--01050--022 **297.50

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

Cletus Charles

REGISTERED AGENT MUST SIGN

Date *7-17-14*

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
<i>P.</i>	<i>Fred, Saint fleur</i>	<i>2747 NW 2nd st</i>	<i>Boynton beach fl.</i>
<i>V.P.</i>	<i>Cletus . O. Charles</i>	<i>661 Grandeur st</i>	<i>Palm Bay fl 32909</i>
<i>Tres.</i>	<i>MARC Laplanche</i>	<i>1805 Ashcroft st.</i>	<i>Palm Bay fl 32907</i>
<i>Sec.</i>	<i>Suze Laplanche</i>	<i>1805 Ashcroft st.</i>	<i>Palm Bay fl 32907</i>
REINSTATEMENT			JUL 21 2014
			R. HUNT

10. E-mail Address: *Charlieranger 2007 @ yahoo. com*

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Cletus Charles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-14 321-688-2586

Date

Daytime Phone #