


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N30956		
1. Entity Name SOUL HARVEST MIRACLE REVIVAL CENTER, INC.		

FILED
04 OCT 28 PM 3: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2340 NW 184 STREET C/O ESTELLA HOLLINS MIAMI, FL 33056	Mailing Address 2340 NW 184 STREET C/O ESTELLA HOLLINS MIAMI, FL 33056
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2. Principal Place of Business 301 N.E. 62nd St. Suite, Apt. #, etc. Miami 71, City & State 33138	3. Mailing Address 2340 N.W. 184 St. Suite, Apt. #, etc. Miami 71, City & State 33056
Zip Country	Zip Country

10222004 REIN-NP	CR2E099 (6/04)
4. FEI Number 65-0102828	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOLLINS, ESTELLA 2340 N.W. 184TH STREET MIAMI, FL 33056	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALMER, CORA LEE 2340 NW 184TH STREET MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLLINS, ESTELLA 2340 NW 184TH STREET MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, CINDY 301 NE 62 ST. MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLINS, ANNETTE P 2340 N.W. 184TH STREET MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MARVENNETTE 1481 N.W. 55 TERR. MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

PS.

THE Prior NOTICE WERE NOT RECEIVED

100042284321
10/28/04--01045--019 **70.00

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. Cora Lee Palmer - PRESIDENT - 10/23/04 - 305-624-5518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #