

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 18 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N39334**
1. Corporation Name
NEW SHILOH SERVICE CORPORATION

REINSTATEMENT **97-02**

2. Principal Office Address 1350 N.W. 95th St.		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State	
Zip 33147	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 8/2/90	
5. FEI Number 65-0212612	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Barry M. Boren Esq.			
Street Address (P.O. Box Number is Not Acceptable) 9200 S. Dadeland Blvd.		100003340501--8 -10/11/02--01065--028 ***542.50 ***542.50	
Suite, Apt. #, Etc. #412			
City Miami	State FL	Zip Code 33156	

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]* Date: 10/2/2002

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
P/D	Edward Johnson	1350 N.W. 95th St.	Miami FL 33147
S/D	Maxine Alexander	1350 N.W. 95th St.	Miami FL 33147
T/D	Curtis Matchett	1350 N.W. 95th St.	Miami FL 33147

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 under section 119.07(3)(i), 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: *Edward Johnson* Date: 09-11-02 Daytime Phone #: (305) 835-8280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charter Number Only

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Barry M. Boren
 Requestor's Name
 9200 S. Dadeland Blvd # 412
 Address
 Miami, FL 33156
 City State ZIP Phone
 (305) 670-2200N

CORPORATION(S) NAME

New Shiloh Service Corporation

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out
- Pick Up

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028