


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

01 DEC 11 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N42476

1. Corporation Name

The Shepherd's Mind & Heart, Inc

W01000027098

2. Principal Office Address

8865 S.W. 176 Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

USA

3. Mailing Office Address

8865 S.W. 176 Terr.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3-13-91

5. FEI Number

593 064 000

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

Paul Marshall Rose

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

8865 S.W. 176 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

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

Paul M. Rose  
REGISTERED AGENT MUST SIGN

Date

10/29/01

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.	<u>Paul M. Rose (T)</u>	<u>8865 SW 176 Terrace</u>	<u>Miami, FL 33157</u>
V.P.	<u>Lorraine F. Rose (T)</u>	<u>8865 S.W. 176 Terrace</u>	<u>Miami, FL 33157</u>
Sec/ Treas.	<u>Marianne Q. Fuge (T)</u>	<u>3000 A S. Fletcher Ave</u>	<u>Fernandina Beach, FL</u>
			<u>32035-3101</u>

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:

Paul M. Rose  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/01

Daytime Phone #

305-255-9673