

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
FILED

98 NOV 30 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N45376

1. Corporation Name

SHEKINAH GLORY POWER AND PRAISE MINISTRIES, INC

Principal Place of Business

1051 NW 62 ST  
MIAMI FL 33150  
US

Mailing Address

17450 SW 296TH ST  
HOMESTEAD FL 33030  
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/27/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2665526

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BROWN, CASSIE SORRELL	189 N.W. 102 STREET	MIAMI SHORES FL
D	TROY, IRIS	17640 N.W. 12 AVENUE	MIAMI FL
D	EALY, GERALD	% 102 N.W. 102 ST	MIAMI SHORES FL

600002702566--1  
-12/03/98--01110--007  
\*\*\*\*236.25 \*\*\*\*236.25

12/3

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWN, CASSIE SORRELL

189 NW-102 ST 17450 S.W. 296 St.

MIAMI SHORES FL 33150 Homestead, FLA. 33030

Name

BROWN, CASSIE SORRELLS-

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

17450 S.W. 296 St.

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33030

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Cassie Sorrells Brown*  
REGISTERED AGENT MUST SIGN

Date 11/23/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

*Rev. Cassie Sorrells Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/23/98 248-1886 (305)

CR2E040 (9/98)