

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
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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	Mailing Address
1051 NW 62 ST MIAMI FL 33150 US	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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/27/1991	
City & State		City & State		5. FEI Number	
Zip		Country		59-2665526	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BROWN, CASSIE SORRELL 189 NW 102 ST MIAMI SHORES FL 33150		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: *R.E. Cassie Sorrells Brown* / *Cassie Sorrells Brown* 11/23/98 248-4886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/98)