

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:43

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # **N93000002293**

1. Corporation Name

**GOOD SHEPHERD FOR CHRIST "STRUGGLE AND VICTORY", INC.**

Principal Place of Business

Mailing Address

11886 W. DIXIE HIGHWAY  
 MIAMI FL 33161

5700 S.W. 148TH PLACE  
 MIAMI FL 33193

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/08/1993

5. FEI Number

65-0419402

Applied For

Not Applicable

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	4 City / State / Zip
PD	MILFORT, MARIE Y	5700 S.W. 148TH PL.	MIAMI FL 33193
D	MILFORT, ROOSEVELT	5700 S.W. 148TH PL.	MIAMI FL 33193
O	CESAR, ROSE M	1600 NW 116TH ST	MIAMI FL 33167
D	MILFORT, MIMONDE	1330 NE 129TH ST	MIAMI FL 33161
O	DARNELL MILFORT	5700 SW 148 <sup>th</sup> PL MIAMI, FL 33193	Miami, FL 33193

8. Name and Address of Current Registered Agent

MILFORT, MARIE Y  
 5700 SW 148TH PLACE  
 MIAMI FL 33193

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

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. or 617.0505, F.S.

Signature of Registered Agent

*Marie Y Milfort*  
 REGISTERED AGENT MUST SIGN

Date

10/10/2003

11. 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:

*Roosevelt Milfort* - ROOSEVELT MILFORT 10/10/2003 786-514-3691  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

# **GOOD SHEPHERD FOR CHRIST**

**“Struggle & Victory Inc.”**

**(Non-Profit Organization helping the needy of South Florida)**

**October 10, 2003**

**Ph. 305-385-8770**

**To: Dept of State  
(division of corporations dept)**

**To whom it may concern, Good Shepherd for Christ is requesting a waiver of fee for reinstatement because we have never received an annual report in the mail from you.**

**your cooperation is really appreciated in this manner. If you have any questions feel free to contact Rev. marie @ the phone number above.**

**Thank you**

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11886 West Dixie Highway ... Miami, Fl 33161