

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N96000002626

1. Corporation Name

SOUL'S HARVEST CHRISTIAN CENTER INC.

Principal Place of Business

972 W. HALLANDALE BEACH BLVD
HALLANDALE BEACH FL 33009

Mailing Address

972 W. HALLANDALE BEACH BLVD
HALLANDALE BEACH FL 33009

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

05/16/1996

5. FEI Number

65-0735687

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	MARSHALL, FRED	4321 N.W. 27TH STREET	FT. LAUDERDALE FL 33311
CPD	MARSHALL, CAROLYN	4321 N.W. 27TH STREET	FT. LAUDERDALE FL 33313
SD	WILSON, CASANDRA	W.W. BROWARD BLVD	FT LAUDERDALE FL
			800003455348--9 -11/07/00--01081--001 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARSHALL, FRED
4321 N.W. 27TH STREET
FT. LAUDERDALE FL 33313

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-19-2000

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.

KE

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-19-2000 (954) 432-8095



REINSTATEMENT

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FILED

00 OCT 23 AM 10:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E040 (8/00)