

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

02 JAN -4 PM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000002626**

1. Corporation Name

Souls Harvest Christian Ch.

2. Principal Office Address

**972 W. Hollendale Bch. Blvd
Hollendale Fla. 33009**

3. Mailing Office Address

**972 W. Hollendale Bch Blvd
Hollendale Fla. 33009**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/16/1994

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. Name and Address of Current Registered Agent

Name

Fred Marshall

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

3460 S.W. 143 Ave.

Suite, Apt. #, Etc.

Miramar FLA. 33027

City

State
FL

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

Fred Marshall

Date **1-4-02**

REGISTERED AGENT MUST SIGN

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
Pastor Director	Fred Marshall	3460 S.W. 143 Ave.	Miramar FLA. 33027
Co-Pastor Director	Carolyn Marshall	3460 S.W. 143 Ave.	Miramar FLA. 33027
Director	John Willis	10745 S.W. 224 St	Miami FLA. 33170
Trustee	Jackie Wright	12231 S.W. 203 Terr	Miami FLA 33172
Trustee	Shadyr Cooper	15455 N.E 6th Ave #418	North Miami FLA. 33162
Trustee	Dennis Evans	2843 Filmore St. #207	Hollywood FLA. 33020

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-02

Date

Daytime Phone #

mw

CR2E081 (9/01)