

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 30 PM 4:52

DOCUMENT # N96000002626

1. Corporation Name

Souls Harvest Christian Center Inc.

2. Principal Office Address

972 W. Hallandale

Suite, Apt. #, etc.

BCH Blvd.

City & State

Hallandale Fla.

Zip

33009

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-16-96

5. FEI Number

65-6735687

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.

City

State
FL

Zip Code

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 4-30-04

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	Fred Marshall	3460 S.W. 143 Ave.	Miramar Fla, 33027
Director	John Willis	60745 S.W. 224 St	Miami Fla. 33176
Trustee	Jackie Wright	12231 S.W. 203 Terr	Miami Fla. 33177
Trustee	Sophia Rogers	11050 S.W. 197 St	Miami Fla. 33157
Trustee	Dennis Evans	2843 Filmore St	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:

Fred Marshall

4-30-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (01/04)