

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 MAR 16 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004596

1. Corporation Name

SHEKINAH CHURCH MINISTRIES, INC.

Principal Place of Business

1402 NO. DIXIE HIGHWAY
LAKE WORTH FL 33460

Mailing Address

P.O. BOX 17023
WEST PALM BEACH FL 33416

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

425 Crescent Dr.

3. New Mailing Office Address, If Applicable

same

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-4133347

Applied For

Not Applicable

City & State

Lake Park, FL 33403

City & State

Zip

33403

Country

Palm Beach

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Rev. LaFawn Wilson	425 Crescent Dr.	Lake Park, FL 33403
Sec.	Samantha Hall	524 S.W. 8th St.	Belle Glade, FL 33430
Vice Pres.	Mattie R. Wilson	425 Crescent Dr.	Lake Park, FL 33403

REINSTATEMENT 97-98

A. Alan
3/16/98

8. Name and Address of Current Registered Agent

WILSON, LAFAWN A.R.
1402 NO. DIXIE HIGHWAY
LAKE WORTH FL 33460

9. Name and Address of New Registered Agent

Name
LaFawn A.R. Wilson
Street Address (P.O. Box Number is Not Acceptable)
425 Crescent Dr.
Suite, Apt. #, Etc.
700002462817--7
City
Lake Park, FL 33403

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]
REGISTERED AGENT MUST SIGN

Date 2/27/98

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/98
Date

561-439-7672
Daytime Phone #

CR2E040 (8/97)