

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N97000001611

1. Corporation Name

SOUL'S HARVEST COMMUNITY DEVELOPMENT, INC.

99 NOV -8 PM 1:47

Principal Place of Business

Mailing Address

972 W HALLANDALE BEACH BLVD
HALLANDALE FL 33009

972 W HALLANDALE BEACH BLVD
HALLANDALE 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

03/17/1997

5. FEI Number

65-0735680

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 NW 27TH ST	FT LAUDERDALE FL 33313
SD	WILSON, CASSANDRA	37 SW 18TH AVE	FT LAUDERDALE FL 33312
TD	MARSHALL, CAROLYN	4321 NW 27TH ST	FT LAUDERDALE FL 33313
D	MCCLARY, KATHLEEN	1604 NW 15TH CT	FT LAUDERDALE FL 33313
D	SMITH, PENNY	4400 SW 19TH ST	HOLLYWOOD FL 33023
D	ARCHIE, DORIS	325 NW 205 TERR	MIAMI FL 33169

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARSHALL, FRED
972 W HALLANDALE BEACH BLVD
HALLANDALE FL 33009

Name

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

Suite, Apt. #, etc.

City

11/16/99-01080-004

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.

Signature of
Registered Agent

Fred Marshall

REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-3-99

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:

Fred Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-99

Date

(954) 734-3135

Daytime Phone #