

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 30 PM 4:54

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N97000001611*

1. Corporation Name
Soul's Harvest Community Development, Inc

2. Principal Office Address
*972 W. Hallandale Beach Blvd
Hallandale, FL 33009*

3. Mailing Office Address
*972 W. Hallandale Beach Blvd
Hallandale, FL 33009*

City & State

City & State

Zip Country

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida *3-17-97*

5. FEI Number
65-0735690

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)
972 W. Hallandale Beach Blvd. 100035785891

Suite, Apt. #, Etc.
Hallandale

City State Zip Code
FL 33009

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

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
PD	Marshall Fred	3460 S.W 143rd ave	Miramar, FL 33027
CPD	Marshall, Carolyn	3460 S.W 143rd ave	Miramar, FL 33027
D	Willis, John	10745 S.W 224 St	Miami FL 33170
D	Wright Jackie	17231 S.W 203 Ter	Miami FL 33177
D	Cooper, Gladys	15455 N.E 6th Ave	North Miami, 33162
D	Evans, Dennis	2843 Filmore #207	Hollywood, FL 33027

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

Date

Daytime Phone #

CR2E081 (01/04)