

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002802

1. Corporation Name

Soul Seekers International Prayer Band, Inc.

2. Principal Office Address - No P.O. Box #

2321 West Drive

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip
33409

Country
US

3. Mailing Office Address

P.O. Box 2145

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip
33402

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0770602

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
Eunice Ingram

Street Address (P.O. Box Number is Not Acceptable)
2321 West Drive

Suite, Apt. #, Etc.

City
West Palm Beach, FL

State
FL

Zip Code
33409

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Eunice E. Ingram

REGISTERED AGENT MUST SIGN

Date *3-9-07*

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
D	Eunice Ingram	2321 West Drive	West Palm Beach, FL 33409
D	Samuel Collins	6006 Cherecobb Lane	Woodstock, Ga 30188
D	Paulette Collins	2321 West Drive	West Palm Beach, FL 33409
D	Howard Leverity, M.D.	1322 4th St.	West Palm Beach, FL 33401

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 contained in Chapter 119, 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:

Eunice E. Ingram

Director

3/9/2007

561-396-6457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #