

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N97000004470

1. Corporation Name

SHEKINAH'S DIAMOND RESOURCE DEVELOPMENT, INC.

Principal Place of Business

425 CRESCENT DR.
LAKE PARK FL 33403

Mailing Address

425 CRESCENT DR.
LAKE PARK FL 33403

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
4857 Northlake Blvd.
City & State
North Palm Beach, FL
Zip
33418
Country
Palm Beach

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
P.O. Box 17023
City & State
West Palm Beach, FL
Zip
33416
Country
Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/1997

5. FEI Number

31-1577883

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	WILSON, LAFAWN A.R.	425 CRESCENT DR.	LAKE PARK FL 33403
DS	WILSON, MATTIE R	425 CRESCENT DR.	LAKE PARK FL 33403
DT	HALL, SAMANTHA	425 CRESCENT DR.	LAKE PARK FL 33403

700002712187--3
-12/15/98--01003--024
****245.00 ****245.00

11/12/11

8. Name and Address of Current Registered Agent

WILSON, LAFAWN A.R.
425 CRESCENT DR.
LAKE PARK FL 33403

9. Name and Address of New Registered Agent

Name
SAME
Street Address (P.O. Box Number is Not Acceptable)
4898 ANDROS DR
Suite, Apt. #, Etc.

City
West Palm Beach

State
FL
Zip Code
33407

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 11/24/98

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

11/30/98
Date

54-6878558
Daytime Phone #