

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

00 MAY 18 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **198000001648**

1. Corporation Name
Shekinah Street Ministries Inc.

2. Principal Office Address
4211 Will Scarlet Dr.

Suite, Apt. #, etc.
512

City & State
Titusville, FL

Zip
32796

Country
BREVARD

3. Mailing Office Address
P.O. Box 512

Suite, Apt. #, etc.
512

City & State
Titusville, FL

Zip
32780

Country
BREVARD

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida
3/20/98 **SP**

5. FEI Number
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 **Lillian Jones** **000003257100-2**

Street Address (P.O. Box Number is Not Acceptable)
4211 Will Scarlet Drive

Suite, Apt. #, Etc.

City **Titusville** State **FL** Zip Code **32796**

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 **Lillian Jones** Date **3/1/00**
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
D	Lillian Jones	4211 Will Scarlet Dr	Titusville FL 32796
D	Jill Murphy	1672 S.E. Grapeland Ave	Port St. Lucie, FL 34952
T	Kirk Jones	4211 Will Scarlet Dr.	Titusville, FL 32796
T	Michael Murphy	1672 S.E. Grapeland Ave	Port St. Lucie, FL 34952

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: **Lillian Jones** **Lillian Jones** **3/1/00** **407-385-0704**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)