

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
Jul 08, 2002 8:00 A.M.
Secretary of State

DOCUMENT # N98000001648

1. Corporation Name
Shekinah Street Ministries
INC.

2. Principal Office Address
2625 BARNA Ave.
Suite, Apt. #, etc.
F + G

3. Mailing Office Address
4211 Will Scarlet DR
Suite, Apt. #, etc.

City & State
Titusville, FL.
City & State
Titusville, FL.
Zip - Country
32780 BREVARD 32796 BREVARD

4. Date Incorporated or Qualified To Do Business in Florida
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
Street Address (P.O. Box Number is Not Acceptable)
4211 Will SCARLET DR
Suite, Apt. #, Etc.
City
Titusville
State
FL
Zip Code
32796

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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
REGISTERED AGENT MUST SIGN
Date
6/30/02

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 SE. Grapeland Ave	Port St. Lucie, FL. 34952
T	Kirk Jones	4211 Will Scarlet DR.	Titusville, FL. 32796
T	Michael Murphy	1672 SE. 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)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
6/30/02
Daytime Phone #
407-385-0704

CR2022 (1/01)