

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUN 25 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N980000004829**

1. Corporation Name

SHILOH CHURCH OF GOD in CHRIST

2. Principal Office Address

3825 BERESFORD RD E

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

WEST PALM BEACH

City & State

Zip

33417

Country

PAIN BEACH

Zip

Country

2000-2001 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

08-20-1998

5. FEI Number

650847959

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

CARLTON BROWN

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

3825 BERESFORD RD E

000004474080-1

-07/13/01--01022--009

Suite, Apt. #, Etc.

*****183.75 ***183.75**

City

WEST PALM BEACH

State

FL

Zip Code

33417

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **6-18-001**

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
DIR	CARLTON BROWN	3825 BERESFORD RD E	WEST PALM BEACH FL 33417
SELD	BEVERLY BROWN	3825 BERESFORD RD E	WEST PALM BEACH FL 33411
DIR	VERA QUARAY	4970 COMMUNITY DR #219	WEST PALM BEACH FL 33407
TREA	CYNTHIA JAMES	4970 COMMUNITY DR #219	WEST PALM BEACH FL 33407

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] **CARLTON BROWN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-18-001

Daytime Phone #

561 471-5333

CR2E081 (9/00)