

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 DEC 24 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005324

1. Corporation Name

SHINING LIGHT CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

Mailing Address

1106 - 71ST STREET EAST  
RUBONIA FL 34221

1106 - 71ST STREET EAST  
RUBONIA FL 34221

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/17/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0866764

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	WATKINS, ROOSEVELT	239 39TH ST. SOUTH	ST. PETERSBURG FL 33711
DT	HENDRIEX, LOLA	1024 71ST ST. EAST	RUBONIA FL 34221
D	MURRELL, LOUIS	1411 71ST STREET EAST	RUBONIA FL 34221
D	REMBERT, AGNES	1020 72ND COURT EAST	RUBONIA FL 34221
D	MILEY, PRIME III	6000 D LYNN LAKE DR SO	SAINT PETERSBURG FL 33712
S	BLOUNT, HELEN	5501 11TH ST SO	SAINT PETERSBURG FL 33705

8. Name and Address of Current Registered Agent

WATKINS, GLORIA  
239 - 39TH STREET SOUTH  
ST. PETERSBURG FL 33711

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Gloria Watkins*  
REGISTERED AGENT MUST SIGN

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\*\*\*236.25 \*\*\*236.25

Date

12/14/01

11. 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:

*Helen Blount*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/14/01

Daytime Phone #

727-539-4251

CR2E040 (8/01)