

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N99000001173

1. Corporation Name

SHAMMAH OF GOD WORSHIP CENTER, INC.

Principal Place of Business

1446 25TH ST. SW
VERO BEACH FL 32962

Mailing Address

1446 25TH ST. SW
VERO BEACH FL 32962

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

2. New Principal Office Address, If Applicable

SAME

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/1999

5. FEI Number

Applied For

65-0896659

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/O	Voltaire G. Pearce Sr	1446 25th St SW Vero Beach FL 32962	Vero Beach, FL 32962
T/O	Joseph J. Pearce Sr	607 CARVER DR	LAKE WELLS, FL 33853
S/O	Madge Magdalene Sweet	1471 Sandusky St SE	Palm Bay, FL 32909
D	Blondell Gordon	1135 N. Wickham Rd	Melbourne, FL 32935

8. Name and Address of Current Registered Agent

PEARCE, VOLTAIRE G. SR.
1446 25TH ST. SW
VERO BEACH FL 32962

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-17-00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Voltaire G. Pearce Sr

10-17-00
Date

(561) 770-1130
Daytime Phone #