

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 NOV 13 PM 4:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N99000007336**

1. Corporation Name

SHILOH MISSIONARY BAPTIST CHURCH OF DAYTONA BEACH, INCORPORATED

Principal Place of Business

Mailing Address

543 S DR MARTIN LUTHER KING BLVD
 DAYTONA BEACH FL 32114

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 DAYTONA BEACH FL 32114

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REINSTATEMENT 2001

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

12/13/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **592398750**
 APPLIED FOR

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CT	JACKSON, BRIAN	563 CEDAR STREET	DAYTONA BEACH FL 32114
CCT	BETHEL, WILLIAM Brazill, Nathaniel	4057 CONTINENTAL DRIVE 1163 Margina Avenue	DAYTONA BEACH FL 32114
TT	BRAZILL, NATHANIAL Hill, Nelson	1163 MARGINA AVENUE 624 Willie Drive	DAYTONA BEACH FL 32114
CT	SANDERS, ROBERT OR. Blue, Elzie	620 WHITEHALL STREET 535 Loomis Avenue	DAYTONA BEACH FL 32114
ST	HARDEN, BERNETTE	16 CARDINAL ESTATES BLVD.	DAYTONA BEACH FL 32114 32117

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SHEFFIELD, ERNEST F.~~
 1160 EDITH DRIVE
 DAYTONA BEACH FL ~~32114~~ 32117

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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 Ernest J. Sheffield
 REGISTERED AGENT MUST SIGN

Date 10-20-01

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)(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: Brian Jackson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/8/01 Daytime Phone # (386) 255-8834

CR2E040 (8/01)