


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|  |               |  |         |
|--|---------------|--|---------|
| <b>CORPORATION REINSTATEMENT</b>  |               | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |         |
| <b>DOCUMENT #</b> 700337   |               |  |         |
| <b>1. Corporation Name</b><br>BEREAN BAPTIST CHURCH, INC.  |               |  |         |
| <b>2. Principal Office Address</b><br>1016 NE 37 STREET<br>Suite, Apt. #, etc.                                     |               | <b>3. Mailing Office Address</b><br>SAME<br>Suite, Apt. #, etc.  |         |
| City & State<br>OAKLAND PARK, FL   |               | City & State   |         |
| Zip<br>33334   | Country<br>US | Zip  | Country |

FILED  
 00 OCT 31 PM 3:45  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

|  |                               |
|--|-------------------------------|
| <b>REINSTATEMENT</b>   |                               |
| <b>4. Date Incorporated or Qualified To Do Business in Florida</b>   |                               |
| <b>5. FEI Number</b><br>160322713  | Applied For<br>Not Applicable |
| <b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |                               |

|   |             |                   |
|---|-------------|-------------------|
| <b>7. Name and Address of Current Registered Agent</b>                |             |                   |
| Name<br>JEAN-PIERRE, ELIE   |             |                   |
| Street Address (P.O. Box Number is Not Acceptable)<br>2517 SW 6 COURT |             |                   |
| Suite, Apt. #, Etc.   |             |                   |
| City<br>FT. LAUDERDALE  | State<br>FL | Zip Code<br>33312 |

**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: *Elie Jean Pierre* Date: 10-30-00

REGISTERED AGENT MUST SIGN

| <b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> |                                   |  |                    |
|--|-----------------------------------|--|--------------------|
| Titles   | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| D  | JEAN-CLAUDE, CHARLES              | 610 NW 77 COURT                                | POMPANO BEACH, FL  |
| V  | LOUCIUS, CHARLES                  | 318 SW 27 COURT                                | FT. LAUDERDALE, FL |
| D  | JEAN-PIERRE, ELEPHAITE            | 130 NE 12 STREET                               | POMPANO BEACH, FL  |
| T  | PIERRE, FRITO                     | 3541 NW 33 AVENUE                              | FT. LAUDERDALE, FL |
| D  | PERICLES, DASSAS S                | 701 NW 10 STREET                               | POMPANO BEACH, FL  |

**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: *Elie Jean Pierre* Date: 10/30/00 Daytime Phone #: (954) 467-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CT2E001 (8/99)