


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000009622		
1. Entity Name EGLISE EVANGELIQUE BAPTISTE DE LA GRACE CORP.		

Principal Place of Business 2362 NW 95 STREET MIAMI, FL 33147	Mailing Address 2362 NW 95 STREET MIAMI, FL 33147
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2. Principal Place of Business 2362 N.W. 95 STREET	3. Mailing Address 2362 N.W. 95 STREET
Suite, Apt. #, etc. X	Suite, Apt. #, etc. X

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33147	Zip 33147
Country U.S.A.	Country U.S.A.

6. Name and Address of Current Registered Agent EDOUARD, GEORCINIL 725 N.E. 179 TERRACE NORTH MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent Name GEORCINIL EDOUARD (PRESIDENT) Street Address (P.O. Box Number is Not Acceptable) 725 N.E. 179 TERRACE City N. MIA. BCH. FLA. FL Zip Code 33162	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDOUARD, GEORCINIL 2362 NW 95 STREET MIAMI, FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300060685373 10/17/05--01064--005 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GERVAIS, SONY 2362 NW 95 STREET MIAMI, FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COULANGE, BEZE 2362 NW 95 STREET MIAMI, FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300060685373 10/17/05--01064--006 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HOMICIL, SAM 2362 NW 95 STREET MIAMI, FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAUPHIN, HUBERT 2362 NW 95 STREET MIAMI, FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10/21
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CHERVIL, EMMANUEL 2362 NW 95 STREET MIAMI, FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Georginil Edoard GEORCINIL EDOUARD 10-10-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
05 OCT 17 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10102005 REIN-NP CR2E099 (6/04)

4. FEI Number Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required