## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATI STATEM			S	ecretary	MENT OF ST of State orporations	ATE			FILE	H II: 29	
DOCUMENT # N0500000450  1. Corporation Name								GEGNETAKT OF STATE TALLAHASSEE, FLORIDA				
FRERES-UNIS BAPTIST CHURCH, INC.												
1591 KIRK ROAD 2632					Office Address NE 3RD CT			REINCTATEMENT 07-08				
Suite, Apt. #, etc. Suite, Apt. #,					etc.			4. Date Incorp	orated or Qualified	01/12/	2005	
WEST PALM BEACH,FL BOYN					TON BEACH,FL			65-0982	Business in Florida01/13/2005  Applied For Not Applicable			
<sup>Zip</sup> 33406	6 USA			<sup>Zip</sup> 33435		Country		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee requirements for a Certificate of Status				
7. Name and Address of Current Registered Agent												
ĴOSEPH, CHRISTIAN								The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
Since Address (2 O Roy Number is Not Acceptable)												
Suite, Apt. #, Etc.												
BOYNTON BEACH State 33435												
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.												
Comparison											297.50	
9. Names	and Street A	ddresses	of Each Officer and			<u>"</u>	at ilst at le	ast 3 directors)	<del></del>			
Titles		-	Name of rs and/or Directors		Street Address of Each Officer and/or Director			- La /.	7	City / State / Z	ip	
P -	JOSEPH, CHRISTIAN				2632 NE 3RD CT			y)' 4'	воунто	N BEACH	H,FL 33435	
SD	ST. FORT, PHILOMA				2632 NE 3RD CT				BOYNTO	N BEAC	H,FL 33435	
TD	DOLL, THIALY				2632 NE 3RD CT				BOYNTO	N BEAC	H,FL 33435	
CD	ST. FLEUR, FRANCK				2632 NE 3RD CT				воунто	N BEACH	H,FL 33435	
VP	SEVERE, MARIE				2632 NE 3RD CT				BOYNTON BEACH,FL 33435			
VP	GERMAIN, ANGELINE					2632 NE 3RD CT			BOYNTON BEACH,FL 33435			
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 ell fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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: 04/02/2008 561-734-5117 SIGNATURE: 04/02/2008 561-734-5117 Date Daytime Phone #												
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