

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 10 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000000691**

1. Corporation Name

EGLISE MISSIONNAIRE SOURCE DE VIE, INC.

Principal Place of Business

Mailing Address

2901 W OAKLAND PARK

P.O. BOX ~~9087~~ **8976**
FORT LAUDERDALE FL 33310

A.14
FORT LAUDERDALE FL 33311



~~REINSTATEMENT~~ - 03

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

02/10/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0720109

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	PIERRE-LOUIS, MICHAELLE	4411 NW 32ND STREET	LAUDERDALE LAKES FL 33319
D	LARATTE, JENNY	6000 NW 19TH STREET	SUNRISE FL 33313
D	ETIENNE, ROSEMOND	1400 HOLLY HGT. DRIVE, APT 2	FORT LAUDERDALE FL 33304
D	PIERRE, CLAUDM	1710 N CYPRESS ROAD	POMPANO BEACH FL
D	FERGILE, GUERDA	4411 NW 32 STREET	FORT LAUDERDALE FL 33319
D	LORDEUS, MIRETTE	7437 SW 12TH COURT	NOTH LAUDERDALE FL 33068

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERGILE, JEAN-CLAUDE
4411 NW 32 STREET
FORT LAUDERDALE FL 33319

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

3000253841233 State Zip Code
12/10/03--01023--00 FL **61.25

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., or 617.0505, F.S.

Signature of Registered Agent

Sean Claude Fergile
REGISTERED AGENT MUST SIGN

Date 12-1-03

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: **JEAN-CLAUDE FERGILE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 815-3056
Date 12-1-03 Daytime Phone #

CR2ED40 (7/03)