

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N00000003998

1. Corporation Name

TEMPLE DE L'ETERNEL, L'HOPITAL PAR LA FOI, CORPO  
RATION

Principal Place of Business

Mailing Address

4316 N W 7TH AVENUE  
MIAMI, FL 33127

1111 N W 140TH TERRACE  
MIAMI FL 33168

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2227 NW 7th AVE  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

PO BOX 382232  
Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip  
33127

Country

DADE

City & State

MIAMI FLORIDA

Zip  
33238-2232

Country

DADE



REINSTATEMENT

01

4. Date Incorporated or Qualified  
To Do Business in Florida

06/19/2000

5. FEI Number

65-1062688

Applied For

Not Applicable

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)

800004704208-2

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
1	2	3	4
T	DESSALINES, JEAN J	1111 N W 140TH TERRACE	MIAMI FL 33168
ST	LONGCHAMP, GERANDALE	2430 N W 93RD STREET	MIAMI FL 33147
TT	RAPHAEL, SAGESSE	790 N W 129TH TERRACE	MIAMI FL 33168
T	CHARLES, JOSEPH L	735 N W 29TH TERRACE	MIAMI FL 33127
T	DESSALINES, ANDRE	1111 N W 140TH TERRACE	MIAMI FL 33168
T	LONGCHAMP, ANDRE	2430 N W 93RD STREET	MIAMI FL 33147

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LONGCHAMP, GERANDALE

2430 N W 93RD STREET

MIAMI FL 33147

Name

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

Suite, Apt. #, Etc.

City

800004704208-2

-12/04/01-01056-008

\*\*\*\*61.25 State \*\*\*\*61.25 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

Gerandale Longchamp

REGISTERED AGENT MUST SIGN

Date 11-07-01

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)(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 DESSALINES JEAN DESSALINES

11-7-01

Date

Daytime Phone #