

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 APR -4 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N95000003173

1. Corporation Name

EGLISE SENTINELLE DE LA DERNIERE HEURE
DU 7E JOUR INCORPORATED

500015750135
04/11/03--01037--010 **428.75

2. Principal Office Address

5460-C LAKEWOOD CIRCLE

Suite, Apt. #, etc.

City & State

MARGATE, FLORIDA

Zip

33063

Country

BROWARD

3. Mailing Office Address

P. O. BOX 8107

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FLORIDA

Zip

33075

Country

BROWARD

REINSTATEMENT 00-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

JUNE 27, 1995

5. FEI Number

65-0607348

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

REV. YVES ANDRE LAMY

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

5460-C LAKEWOOD CIRCLE

Suite, Apt. #, Etc.

City

MARGATE

State

FL

Zip Code

33063

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

REGISTERED AGENT MUST SIGN

Date 3/27/03
MARCH 27, 2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	YVES ANDRE LAMY	5460-C LAKEWOOD CIRCLE	MARGATE, FL 33063
	LEON		
T.	LEON JEAN	12499 CLASSIC DRIVE	CORAL SPRINGS, FL 33075
S.	ALIX PIERRE	421 N.E 11th Street#5	Fort LAUDERDALE, FL 33004
D	JESULA L. JEAN	12499 Classic Drive	33075
D	MAURICE SAINT LOUIS	6820 Broadmoor	CORAL SPRINGS, FL
			NORTH LAUDERDALE, FL 33063
D	MARIE LUCIE LAMY	5460- C LAKEWOOD CIRCLE	MARGATE, FL 33063

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YVES A. LAMY

3/28/03

Date

Daytime Phone #

(954) 249-1020
977-4794

CR2E081 (9/01)