PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 88-98

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 APR 16 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 88-98

DOCUMENT # 1757931

1. Corporation Name

EGLISE EVANGELIQUE DE DIEU E'EXPRESSION FRANCAISE, INC.

Principal Place of Business / Mailing Address

1595 NW 119 Street
Miami, Florida 33167

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

2. New Principal Office Address, If Applicable
Same as above
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Not applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 05/08/81 4/16/98

5. FEI Number | 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Volmar Voltaire	12970 NW 16 Ave.	Miami, Fl 33167
V/D	Jeanne Voltaire	12970 NW 16 Ave.	Miami, Fl 33167
S/D	Ernst Felix	14200 NW 2 Ave.	Miami, Fl
T/D	Vierge Marc	11300 West Golf	Miami, Fl
S/D	Lyonel Francois	1665 NW 126 St.	Miami, Fl

8. Name and Address of Current Registered Agent

Rev. Volmar Voltaire
12970 NW 16 Ave
Miami Fl 33167

9. Name and Address of New Registered Agent

Name: Not applicable
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (1/98)

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 X [signature] Date 4/11/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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] 4/11/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #