


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -4 PM 12:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

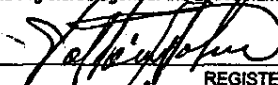
200024167802
10/27/03--01066--006 **175.00
REINSTATEMENT 02-03
200025223972
12/04/03--01016--029 **122.50

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 757931 1. Corporation Name EGLISE EVANGELIQUE DE DIEU d'EXPRESSION FRANÇAISE, INC.			
2. Principal Office Address 1595 NW 119 ST Suite, Apt. #, etc.		3. Mailing Office Address P.O. BOX 680066 Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI	
Zip 33167	Country USA	Zip 33167	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 05-08-1981	
5. FEI Number	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name VOLTAIRE, VOLMAR		
Street Address (P.O. Box Number is Not Acceptable) 12970 N.W. 16 AVE		
Suite, Apt. #, Etc.		
City MIAMI	State FL	Zip Code 33167

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.

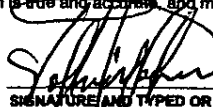
Signature of Registered Agent:  REGISTERED AGENT MUST SIGN

Date: **10/19/03**

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
PD	VOLTAIRE VOLMAR	12970 NW 16 Ave	MIAMI, FL 33167
VP	VOLTAIRE JEANNE	1297 N.W. 16 AVE	MIAMI, FL 33167
SD	FELIX, ERNST	14200 N.W. 2 AVE	MIAMI FL 33167
TD	Jules GARDY J	13155 N.W. 12 AVE	MIAMI, FL 33168
SD	FRANÇOIS, LYONEL	1665 N.W. 126 Street	MIAMI, FL

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

Date: **10/19/03** Daytime Phone #: **(786) 587-2640**

CPC2001 (10/02)