

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **99** REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 25 AM 9:21

DOCUMENT # **759537**

1. Corporation Name

EGLISE DE DIEU MONT DES OLIVIERS, INC.

Principal Place of Business

Mailing Address

45 N.E. 54TH STREET
 MIAMI FL 33137

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 MIAMI FL 33137



03-04-99 - 90229 - 008 \$61.25

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/06/1981	
City & State		City & State		5. FEI Number	
Zip		Country		22-2321231	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	AMETO, ROBUSTE	14421 NW 10TH AVE	MIAMI FL 33168
C	CEDENEUS, JEAN	301 NW 108 ST	MIAMI FL 33168
S	GUERRIER, MONIQUE	12500 NW 17 CT	MIAMI FL 33168
T	DUFRESNE, JOSUE	780 N.W. 145TH ST.	MIAMI FL
PD	REJOIS, WILNER REV.	800 N.W 145TH STREET	NORTH MIAMI FL 33168

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REJOIS, WILNER (REV) 800 N.W. 145TH STREET NORTH MIAMI FL 33168	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State FL
	Zip Code

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 _____ Date _____
 REGISTERED AGENT MUST SIGN

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)(l), 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: Rev. Wilner Rejois 10-20-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #