

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 24 AM 11:10

DOCUMENT # N00000000636

1. Corporation Name

LA PREMIERE EGLISE UNIVERSELLE DU SEIGNEUR (INDI
VISIBLE), INC.

Principal Place of Business

Mailing Address

521 N.W. 54TH STREET
MIAMI FL 33150

521 N.W. 54TH STREET
MIAMI FL 33150

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
PD	PIERRE, JOSEPH TURGOT	1255 N.W. 125TH STREET	NORTH MIAMI FL 33167
VD	DUFREINE, ELIE	1517 N.W. 100TH STREET	MIAMI FL 33147
SD	SANON, JEFFREY	6811 NORTH MIAMI AVENUE	MIAMI FL 33150
T	BRUTUS, JOSETTE	12315 N.E. 4TH AVENUE	NORTH MIAMI FL 33161
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PIERRE, JOSEPH TURGOT
521 N.W. 54TH STREET
MIAMI FL 33150

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/17/2001

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #