


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008

 FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N00000000636

1. Corporation Name  
FIRST UNIVERSAL PRIMITIVE CHURCH  
OF THE LORD, INC.

2. Principal Office Address - No P.O. Box # 757-59 N.W. 95TH. AVE. Suite, Apt. #, etc. MIAMI FLORIDA City & State		3. Mailing Office Address 1255 N.W. 125TH. STREET Suite, Apt. #, etc. MIAMI FLORIDA City & State	
Zip 33150	Country DADE	Zip 33167	Country DADE

7. Name and Address of Current Registered Agent

Name  
REV. JOSEPH TURGOT PIERRE

Street Address (P.O. Box Number is Not Acceptable)  
1255 N.W. 125TH. STREET

Suite, Apt. #, Etc.

City  
MIAMI FLORIDA

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 5-14-08

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
PASTOR	JOSEPH TURGOT PIERRE	1255 N.W. 125TH. STREET	MIA. FLA. 33167
PASTOR	DUNEL MERONNE	20601 N.W. 10AVE	MIA. GARDEN 33169
DEACON	ELIE DUFRENE	1508 N.W. 100 STREET	MIA. FLA. 33147
DEACON	JASCAME DALEUS	565 N.W. 151 STREET	MIA. FLA. 33161
PASTOR	JOSEPH DESRAVINES	20 N.E. 139 STREETS	MIA. FLA. 33161

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 contained in Chapter 119, 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:

JOSEPH TURGOT PIERRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5-14-08 Daytime Phone #

FILED

2008 MAY 19 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000129773020

05/19/08--01002--022 \*\*245.00

CR2E081 (12/07/01)

Overpayment Refund 175.00

4. Date Incorporated or Qualified  
To Do Business in Florida APRIL, 2000

5. FEI Number Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.