

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2008 MAR - 4 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000002902

1. Corporation Name

EGLISE EVANGELIQUE TRIOMPHE, INC.

2. Principal Office Address - No P.O. Box #

2085 NORTH DIXIE HIGHWAY

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FLORIDA

Zip

33060

Country

USA

3. Mailing Office Address

2085 NORTH DIXIE HIGHWAY

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FLORIDA

Zip

33060

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 1, 2000

5. FEI Number

65-1019661

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DELIVEST DOCILAIT

Street Address (P.O. Box Number is Not Acceptable)

390 SW14 STREET

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33441

☐ 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.

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

Delivest Docilait

REGISTERED AGENT MUST SIGN

Date FEBRUARY 29, 2008

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
D	DELIVEST DOCILAIT	390 SW 14 STREET	DEERFIELD BEACH, FL. 33441
D	SILFRANCE DORISTIN	750 NE 43 STREET	DEERFIELD BEACH, FL. 33441
D	CLAUDIUS MORAME	325 SW 2 STREET	POMPANO BEACH, FL. 33060

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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:

Delivest Docilait

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-2008

Date

954-545-1475

Daytime Phone #

3/7/08