

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 11 AM 9:37

DOCUMENT # N00000003028

1. Corporation Name

L'EGLISE DE JEHOVA-SHALOM, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
600005026326--2  
-02/28/02--01026--017  
\*\*\*\*\*0.75 \*\*\*\*\*0.75



Principal Place of Business

Mailing Address

2907 NW 21ST AVENUE  
FORT LAUDERDALE FL 33311

2907 NW 21ST AVENUE  
FORT LAUDERDALE FL 33311

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

01-02

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/04/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

49.75-Additional Fee required  
for a Certificate of Status

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	ACCUIS, VERDELUS	2907 NW 21ST AVENUE	FORT LAUDERDALE FL 33311
VD	SILVAIN, <del>SEBASTIEN</del> seliphete	2907 NW 21ST AVENUE	FORT LAUDERDALE FL 33311
TD	ABRAHAM, ATANDESAU	2655 N E 8TH AVENUE, APT. #18	FORT LAUDERDALE FL 33334
SD	ACCUIS, EMMANUEL	7800 SW 6TH COURT	NORTH LAUDERDALE FL 33068
CI	CERAMISE Accus	3910 NE 1 Ave	Fort Lauderdale FL 33334
TD	Amosil elaienis	465 NW 40 St	Fort Lauderdale FL 33309

8. Name and Address of Current Registered Agent

ACCUIS, VERDELUS  
2907 NW 21ST AVENUE  
FORT LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name

600005026326--2

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

-02/28/02--01026--018

\*\*\*\*\*61.00 \*\*\*\*\*61.00

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.

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\*\*\*\*\*61.00 \*\*\*\*\*61.00

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11-26-01

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:

Seliphete Silvain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #