

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 -8 AM 11:27

DOCUMENT # N00000004368

1. Corporation Name

EGLISE EVANGELIQUE DE BERE, INC.

Principal Place of Business

28 LOCKE AVE.  
ORLANDO FL 32818

Mailing Address

2428 LOCKE AVE.  
ORLANDO FL 32818



REINSTATEMENT

01-02

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
6620 Meritmoor Circle

City & State  
Orlando, FL

Zip 32818 Country USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
6620 Meritmoor Circle

City & State  
Orlando, FL

Zip 32818 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/28/2000

5. FEI Number

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒ \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TOUSSAINT, THOMAS REV.	2428 LOCKE AVE.	ORLANDO FL 32818
D	SAINT-PIERRE, SERDWICK MR.	7361 BEACON HILL LOOP #8	ORLANDO FL 32818
D	JUSTE, JOSEPH SAINT MR.	3701 ROBBINS AVE.	ORLANDO FL 32808
			400004927954--6 -02/15/02--01004--012 ****175.00 ****175.00
			400004927954--6 -02/15/02--01004--013 ****131.25 ****131.25

8. Name and Address of Current Registered Agent

TOUSSAINT, THOMAS  
2428 LOCKE AVE.  
ORLANDO FL 32818

9. Name and Address of New Registered Agent

Name

Thomas Toussaint

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

6620 Meritmoor Circle

Suite, Apt. #, Etc.

City

Orlando

State

Zip Code

FL

32818

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

Rev THOMAS TOUSSAINT

REGISTERED AGENT MUST SIGN

Date 12-30-01

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:

Serdwick St Pierre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-01

Date

Daytime Phone #

B

CR2E040 (8/01)