

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N00000004658			
1. Corporation Name EGLISE DE DIEU DE LA NOUVELLE ALLIANCE, INC.			
Principal Place of Business 4912 NORTH NEBRASKA AVE. TAMPA FL 33603		Mailing Address 4912 NORTH NEBRASKA AVE. TAMPA FL 33603	
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 6110 Soaring Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Temple Terrace, FL	
Zip	Country	Zip	Country
		33617	USA
4. Date Incorporated or Qualified To Do Business in Florida		05-17-01 91316 017 \$6625 07/11/2000	
5. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-D	VALMOND, JEAN M	4912 NORTH NEBRASKA AVE.	TAMPA FL 33603
V-D	VALMOND, HEBERT	6110 SOARING AVE.	TAMPA FL 33617
T-D	VALMOND, ELIZABETH O	6110 SOARING AVE.	TAMPA FL 33617
S-D	VALMOND, DAPHNEY	6110 SOARING AVE.	TAMPA FL 33617
S-D	Valmond Farah Djewane	6110 Soaring Ave	Temple Terrace FL 33617
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
VALMOND, JEAN M 4912 NORTH NEBRASKA AVE. TAMPA FL 33603		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		Date 10-24-01	
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		813-989-0624	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 10-24-01 Daytime Phone #	

10-24-01

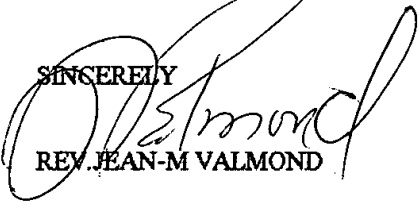
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
PO BOX 6327  
TALLAHASSEE, FL 32314-6327

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RE: DOCUMENT # N00000004658  
EGLISE DE DIEU DE LA NOUVELLE ALLIANCE, INC.

AS PER THE TELECOMMUNICATION WE HAD WITH THE DEPARTMENT  
WE ARE RESUBMITTING THIS APPLICATION WITH THE APPROPRIATE  
CORRECTIONS .ANNUAL REPORT FEE WAS SENT. REINSTATEMENT FEE.  
WAIVED .THANK YOU AND GOD BLESS.

SINCERELY

  
REV. JEAN-M VALMOND