PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 10 DEC-1 AM 11: 36
DOCUMENT #0000005799	SECRETARY OF STATE TALLAHARSFE, FLORIDA
1. Corporation Name	TALLAHASSIC
Eglise Fraternite Chretienne Inc.	
	40040000000
2. Principal Office Address - No P.O. Box # , 3. Mailing Office Address	400188280594
10 NW 85 TV St 1491 NE 149 ST	REINSTATEMENT 08-10
Suite, Apt. #, etc.	Date Incorporated or Qualified To Do Business in Florida
City & State	5. FEI Number Applied For
Zip Country Zip Country	6. Not Applicable
33121 USA 35161 USA	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
Name and Address of Current Registered Agent	PROFIT CORPORATIONS ONLY
Name Pierre Emile Cherry	☐ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did
Street Address (P.O. Box Number is Not Acceptable)	not receive the prior notices. By checking this box, you are certifying the prior
Suite, Apt. #, Etc.	notices were not received and requesting the reinstatement fee be waived.
Month Miami Beach FL 35161	the remstatement les de walved.
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.\$.	
Signature of Registered Agent Seerce Enile Chief REGISTERED AGENT MUST SIGN Date U 4/0/0/0	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Directors	h Ctry / State / Zin
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D Devices took while soft St. C. David II 3250	
D rauson sear Tones 80" ST CITOTICATOR	
S they Hugustin BONE 1824 St W. Higmi Beach, Tables	
Dearthe Jean 1011 88#1St El POPEI PC33180	
D Marie & Francois 1701 N.E. 1/08th St N. Wiami Brankfl 33162	
S Worre Libertin 185 NE 599 St Wami Ft 33137'	
10. E-mail Address: Jtanpolo305@yahoO. Com (To be used for future annual report notification)	
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. I further certify, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Dayline Phone #	