

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR -8 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N00000008233

**1. Corporation Name**

CANAAN EVANGELICAL BAPTIST CHURCH, INC.

**2. Principal Office Address**

5265 Northwood Rd.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33407

Country

Palm Beach

**3. Mailing Office Address**

P.O. Box 8703

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33407

Country

Palm Beach

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/13/00

**5. FEI Number**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

200015446242  
04/08/03--01007--015 \*\*192.40

**7. Name and Address of Current Registered Agent**

Name

Vigueur Viljean

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

638 39th Street

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33407

**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

REGISTERED AGENT MUST SIGN

Date

02-04-03

**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
PD	VILJEAN, Vigueur	638 39th Street	West Palm Bch, FL 33407
TD	CHERISMA, Joseph	1320 Alpha Street #3	West Palm Bch, FL 33401
SD	ST. GERMAIN, Monchille	643 33rd Street	West Palm Bch, FL 33407

**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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02-04-03

Daytime Phone #

CR2E081 (9/01)

DOC. # N00000008233

April 2, 2003

To whom it may concern:

This is to certify that we did  
not receive the 2001 report.

Enclosed is our fee for the  
reinstatement and the other years.  
Also fees for certificate.

Thank you.

Wiguenr Viljean  
Pastor