

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FOR
REINSTATEMENT

FILED

02 MAY -8 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008313

1. Corporation Name

EGLISE BAPTISTE SAMARIE, INC

Principal Place of Business

Mailing Address

40842 NE 167 ST
N MIAMI BCH FL 33162

40842 NE 167 ST
N MIAMI BCH FL 33162

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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	ALEXIS, RODIN	410 NE 160 TERR	MIAMI FL 33162
D	ST. FLEUR, CARSEL	165 NE 128 TERR	MIAMI FL 33161
D	INNOCENT, JERRY	131 NW 77 ST	MIAMI FL 33137
D	EUGENE, YOLENE	335 NW 187 ST	MIAMI FL 33169
D	PRADEL, FABOLON	675 NW 144 ST	MIAMI FL 33168

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALEXIS, RODIN
410 NE 160 TERR
MAIMI FL 33162

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-20-02

CR2E040 (8/01)