


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JAN -7 PM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

CORPORATION REINSTATEMENTS



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000008546

1. Corporation Name
EGLISE EVANGELIQUE BAPTISTE
BETHESDA, INC.

2. Principal Office Address <u>1320 NE 136 ST.</u>		3. Mailing Office Address <u>1320 NE 136 ST</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI, FL</u>		City & State <u>MIAMI, FL</u>	
Zip <u>33161</u>	Country <u>MIAMI-DADE</u>	Zip <u>33161</u>	Country <u>MIAMI-DADE</u>

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida 12/25/2000

5. FEI Number 65-1073244

Applied For	
Not Applicable	

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name BANABAS LEBRUN

Street Address (P.O. Box Number is Not Acceptable) 1320 NE 136 ST

Suite, Apt. #, Etc.

City MIAMI State FL Zip Code 33161

000004800160--9
-02/05/02--01043--001
****305.75 ****305.75

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 [Signature] REGISTERED AGENT MUST SIGN Date 1/2/02

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
D	BANABAS LEBRUN	1320 NE 136 ST	MIAMI, FL 33161
D	MERCIEU ANILUS	555 NE 157 TER	MIAMI, FL 33162
D	ERNEST ST. GEORGES	570 NW 119 ST	MIAMI, FL 33168
D	ROLANDE PAUL LEBRUN	1320 NE 136 ST	MIAMI, FL 33161

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] Date 1/2/02 Daytime Phone # 305-892-2953

CR2E081 (9/01)