PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAY -6 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 00000 0008549

1. Corporation Name

EGLISE EVANGELIQUE DES RACHETES DE L'ETERNEL, INC.

REINSTATEMENT 01-02

2. Principal Office Address	**3.** Mailing Office Address
5909 N.W. 2 ND AVENUE	2950 N.W. 186 TH TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL.
Zip: 33127 Country: U.SA	Zip: 33056 Country: USA.

4. Date Incorporated or Qualified To Do Business in Florida: 12/28/2000

5. FEI Number: X Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name: MAX F. PIERRE

Street Address (P.O. Box Number is Not Acceptable): 2950 N.W. 186 TH TERRACE

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Suite, Apt. #, Etc.:

City: MIAMI, FL State: FL Zip Code: 33056

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: Max Pierre Date: 5/1/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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	MAX F. PIERRE	1271 N.W. 115 TH STREET	MIAMI, FL 33127
D	ERNST PIERRE	325 N.W. 135 TH STREET	MIAMI, FL 33168
D	JEAN HERARD	1271 NW 115 TH STREET	MIAMI FL 33127
D	FRANK GUILLAUME	325 N.W. 135 TH STREET	MIAMI FL 33168

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.

MAX F. PIERRE

SIGNATURE: Max Pierre 5/1/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #