

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 13 AM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000002168

1. Corporation Name

EGLISE DES RACHETÉS, INC.

800023760048  
10/13/03--01088--022 \*\*306.25

**REINSTATEMENT**

2. Principal Office Address

1521 NE 150 ST.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

APT. 101

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33161

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

MARCH 28, 2001

5. FEI Number

65-1090159

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

WILNER VIRGILE

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

1521 NE 150 ST.

Suite, Apt. #, Etc.

APT. 101

City

MIAMI

State

FL

Zip Code

33161

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

*Virgile*

REGISTERED AGENT MUST SIGN

Date 10/08/2003

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
President	WILNER VIRGILE	1521 NE 150 ST #101	MIAMI, FL 33161
SECRETARY	MARIE-ROSE VIRGILE	1521 N.E. 150 ST #101	MIAMI, FL 33161
TREASURER	ANNETTE RENNA	1501 N.W. 91 ST	MIAMI, FL 33147

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:

*Virgile* WILNER VIRGILE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/08/03

Daytime Phone #

(305) 945-5690

CR2E081 (10/02)

21 10/15