

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 21 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000007500

1. Corporation Name

L'EGLISE BAPTIST L'UNION CHRITIENS FELLOWSHIP, I  
NC.

Principal Place of Business

5979 SE PINCE DRIVE  
STUART FL 34997

Mailing Address

5979 SE PINCE DRIVE  
STUART FL 34997

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/22/2001

5. FEI Number

14-1861598

Applied For

☒ Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FILIUS, ROLAND	5979 SE PINCE DRIVE	STUART FL 34997
D	SIDRAC, DANIEL	237 W BLUE HERON APT 4	RIVIERA BEACH FL 33404
D	JOSUE, CHRISTO J	18 51 AVE	WEST PALM BEACH FL 33407
			000009583220 12/18/02--01067--010 **236.25
			000009583220 01/28/03--01036--029 **62.00

8. Name and Address of Current Registered Agent

FILIUS, ROLAND  
5979 SE PINCE DRIVE  
STUART FL 34997

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*ROLAND FILIUS*  
SIGNATURE REQUIRED

Date

1-8-03

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:

*ROLAND FILIUS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-16-02

Daytime Phone #

CP2ED40 (8/02)