

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC -4 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000008078**

1. Corporation Name

EVANGELICAL ALLIANCE CHURCH, INC. OF MIAMI BEACH

Principal Place of Business

17890 W. DIXIE HWY.
NORTH MIAMI BEACH FL 33160

Mailing Address

17890 W. DIXIE HWY.
NORTH MIAMI BEACH FL 33160

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

11/13/2001

5. FEI Number

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	JEREMIE, SAMUEL	17890 W. DIXIE HWY.	NORTH MIAMI BEACH FL 33160
TD	ADAM, GUILAINE V	20002 NE 6 CT.	NORTH MIAMI BEACH FL 33179
TD	PAUL, MYRIANDE IVANE MONPOINT	17890 W. DIXIE HWY.	NORTH MIAMI BEACH FL 33160
SD	EDOUARD, VANESSA	18062 SW 18TH ST.	PEMBROKE PINES FL 33029
SD	DUMORNAY, ENOCK	1100 NE 160TH ST.	NORTH MIAMI BEACH FL 33162

8. Name and Address of Current Registered Agent

BUSBY, ALBERTO F
706 S.W. 23RD AVE.
BOYNTON BEACH FL 33435

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

Alberto F. Busby
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date *11-27-02*

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:

Jeremie
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/02 *305-937-4841*
Date Daytime Phone #

CR2E040 (8/02)