

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN -2 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000008285

1. Corporation Name

EL-SHADDAI BAPTIST CHURCH OF POMPAÑO, INC.

000020321000
06/02/03--01095--004 **231.25

2. Principal Office Address (New)

2071 N. Dixie Highway

Suite, Apt. #, etc.

Suite 2075

City & State

Pompano Beach, FL

Zip

33060

Country

USA

3. Mailing Office Address (New)

2071 N. Dixie Highway

Suite, Apt. #, etc.

Suite 2075

City & State

Pompano Beach, FL

Zip

33060

Country

USA

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/26/2001

**5. FEI Number No employees get
salary or wages**

Applied For

XX 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

Bertrand N. Derival

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

3741 River Side Drive

Suite, Apt. #, Etc.

Apt. B

City

Coral Springs

State

FL

Zip Code

33065

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 5/28/2003

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
DP	Bertrand N. Derival	3741 River Side Drive	Coral Springs, FL 33065
DS	Jonathan Angelot	691 S.W. 14th Street	Deerfield, FL 33441
DT	Charite Oscar	2500 N. Cypress Road	Pompano Beach, FL 33064

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bertrand N. Derival

5/28/03

Date

(954) 942-1007

Daytime Phone #

CR2E081 (10/02)

06/13