

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 20 AM 10: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000008728

1. Corporation Name

L'EGLISE DE DIEU DES MIRACLES CORPORATION

2. Principal Office Address

1350 S. DIXIE HWY

Suite, Apt. #, etc.

#9W

City & State

POMPANO BEACH

Zip
33060

Country
USA

3. Mailing Office Address

4061 NE 8TH AVE

Suite, Apt. #, etc.

City & State

POMPANO

Zip
33064

Country
USA

CR2E081-(12/05)

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

5. FEI Number
651156804

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
HENRI, DENTISTE

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

1350 S. DIXIE HWY.

Suite, Apt. #, Etc.

#9W

City
POMPANO BEACH

State
FL

Zip Code
33060

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

See Attached

Date

REGISTERED AGENT MUST SIGN

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	HENRI, DENTISTE	1350 S. DIXIE HWY	POMPANO BEACH, FL 33060
PD	MILCENT, PIERRE	4061 NE 8TH AVE	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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-06

Date

754-366-3261

Daytime Phone #

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

L'EGLISE DE DIEU DES MIRACLES
(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY POSITION AS REGISTERED AGENT.

HENRI DENTISTE
REGISTERED AGENT