

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N02000004828

1. Corporation Name

TABERNACLE OF ELY CHURCH OF DELRAY BEACH, INC.

2. Principal Office Address - No P.O. Box #

510 Udell Lane

Suite, Apt. #, etc.

3. Mailing Office Address

510 Udell Lane

Suite, Apt. #, etc.

City & State

Delray Beach

City & State

Delray Beach

Zip

33445

Country

Palm Beach

Zip

33445

Country

Palm Beach

7. Name and Address of Current Registered Agent

Name

James Ganthier

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

510 Udell Lane

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33445

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

REGISTERED AGENT MUST SIGN

Date 01/27/2010

FEB - 9 2010

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
P	Jean Paul Ganthier	510 Udell Lane	Delray Beach, FL 33445
V	Sirien Therozil	5040 Society Place ease #E	West Palm Beach, FL 33415
T	Moise Bazile	510 Udell Lane	Delray Beach, FL 33445
S	James Ganthier	510 Udell Lane	Delray Beach, FL 33445
C	Annouse Destis	219 SW 4th st	Boynton Beach, FL 33435

10. E-mail Address: Ganthier@Palmbeach-KIA-FL-US

(To be used for future annual report notification)

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. I further certify, 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

Date

Daytime Phone #

FILED

10 FEB -8 PM 2:08

STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

300168248953

02/08/10--01067--021 \*\*183.75  
CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

06/25/2002

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

M. MILLIGAN  
EXAMINER