

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -2 PM 3: 14

DOCUMENT # N02000005979

1. Corporation Name

EGLISE EVANGELIQUE MITSPA, Inc.

12985 W. Dixie Hwy
12985 W. Dixie Hwy

2. Principal Office Address
12985 W. Dixie Hwy

3. Mailing Office Address
12985 W. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
N. Miami, FL

City & State
N. Miami, FL

Zip
33161

Country
USA

Zip
33161

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 08/07/02

5. FEI Number
41-2054099

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
Hamelet Louis

Street Address (P.O. Box Number is Not Acceptable)
12985 W. Dixie Hwy

Suite, Apt. #, Etc.

City
N. Miami, FL

State
FL

Zip Code
33161

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 11-21-04

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 | Louis, Luc | 12985 W. Dixie Hwy | N. Miami, FL 33161 |
| D | Pierre-Louis, Jean Antoine | 730 NW 135 St | Miami, FL 33168 |
| D | Jean-Louis, Jean Ernst | 1000 NW 126 St | Miami, FL 33168 |
| D | Zamor, Walnes | 80 NW 184th Ter | Miami, FL 33169 |
| | | | |
| | | | |
| | | | |

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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)(f), 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:

Luc Louis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/01/04 (305) 622 8601

CR2E081 (01/04)