

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FC

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02000007340**

1. Corporation Name

INTERNATIONAL CHRISTIAN PROMOTION FOUNDATION, INC.

Principal Place of Business

Mailing Address

3741 W. BROWARD BLVD.
PLANTATION FL 33312

3741 W. BROWARD BLVD.
PLANTATION FL 33312

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/2002

5. FEI Number

04-3712479

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	METAYER, MARCEL	5265 NW 74 TER.	LAUDERHILL FL 33319
D	FORESTALL, ACTUELLE FORESTALL, ACTUELLE <i>DUROSIER, ALCIDES</i>	2820 SUMMERSET DRIVE <i>7200 NW 46 ST</i>	LAUDERDALE FL 33319 <i>LAUDERHILL, FL 33319</i>
D	GABRIEL, MILOUSE	3741 W. BROWARD BLVD.	PLANTATION FL 33312
D	FORESTALL, ACTUELLE <i>Forestal, Actuelle</i>	2820 SUMMERSET DRIVE APT. 410 <i>SOMERSET</i>	LAUDERDALE LAKES FL 33311
D	METAYER, JEANNETTE	5265 NW 74 TER.	LAUDERHILL FL 33319
T	<i>Cenatus Pierre</i>	<i>3741 W. Broward Blvd</i>	<i>Plantation, FL 33312</i>

8. Name and Address of Current Registered Agent

REMY, EDDY
201 W. SUNRISE BLVD.
FT. LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name *MARCEL METAYER*
Street Address (P.O. Box Number is Not Acceptable)
5265 NW 74 TER.
Suite, Apt. #, Etc.
LAUDERHILL
City *LAUDERHILL* State **FL** Zip Code *33319*

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

Date *10-09-03*

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *10-09-03* Daytime Phone # *954-747-6990*