

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 19 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO2 000007445

1. Corporation Name

EGLISE EVANGELIQUE BAPTISTE EBEN-EZER

2. Principal Office Address

3173 W. ATLANTIC BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

5713 NW 47th LN

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

TAMARAC, FL

Zip

33068

Country

USA

Zip

33319

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

SEPTEMBER 2002

5. FEI Number

04-3714881

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

RONY JEAN BAPTISTE

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

5713 NW 47th LN

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

33319

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

Rony Jean Baptiste

Date 1-22-04

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
MR	RONY JEAN-BAPTISTE DIRECTOR P	5713 NW 47th LN	TAMARAC FL. 33319
MRS	MAGARETH JEAN-BAPTISTE DIRECTOR	5713 NW 47th LN	TAMARAC FL. 33319
MRS	EDAISE SALVADOR DIRECTOR S.	210 LAKE POINTE DR.	OAKLAND PARK FL. 33319

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: RONY JEAN-BAPTISTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rony Jean Baptiste 1-22-04 (954) 709-9968

Date

Daytime Phone #

CR2E081 (10/02)