

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 JUN -1 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N02000008523

1. Corporation Name

MARANATHA EVANGELICAL Church  
INC.

2. Principal Office Address

5214 NW Rugby DR

Suite, Apt. #, etc.

City & State

PORT-ST. LUCIE FL 34983

Zip

34983

Country

ST-LUCIE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 2-14-2002

5. FEI Number

75-3100727

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

Lebert Brenouil

800055545578

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

481 SE Starflower Ave

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34983

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 4-29-05

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 President	ALCIDOR, SUDE	5214 NW Rugby DR	PSL, FL 34983
F	Charles, Laisseman	803#A King Orange Dr.	FORT-Pierce FL 34950
S	PANEL, Auguste	1109 Chipola Rd Apt. B.	Fort-Pierce, FL 34980
✓	Mathorne Jeanette	5904 N.W. White CAPRS	PSL, FL 34986
M	CEANT, CERLY	1521 SW CURTIS ST	PSL, FL 34983

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:

SUDE ALCIDOR

4-25-05 772 6183168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)