

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED


05 JAN 14 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

DOCUMENT # N03000003720

1. Entity Name
BIBLE OUVERTE INC.



Principal Place of Business
13018 NE 8TH AVE
N. MIAMI, FL 33161

Mailing Address
13018 NE 8TH AVE
N. MIAMI, FL 33161

2. Principal Place of Business
1642 N.E 148th St
Suite, Apt. #, etc.

3. Mailing Address
1642 NE 148th St
Suite, Apt. #, etc.

City & State
miami FLORIDA


City & State
miami, Florida

Zip
33181

Country
USA

Zip
33181

Country
USA



12272004 REIN-NP CR2E099 (6/04) MRD

30-02-02-048

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAM, RONY
921 NE 155TH STREET
N.M.B., FL 33162

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rony William DATE Dec 27th 04

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Raphael Edy Gethy 715 N.E 143 St miami, Florida 33161 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Cita murray 2250 N.W 190 Terrace miami, FL 33056 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President RONY William 921 N.E 155th St miami, FL 33162 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer marie ANGE CANELL 13850 NE 17th AVE miami, Florida 33181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rony William Date Dec 27th 2004

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 305-968-1781