

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 -9 PM 2:54

DOCUMENT # **NO3000004519**

1. Corporation Name

L'Eglise Evangelique De L'Arriere Saison, Inc

2. Principal Office Address

709 W. MAIN ST

Suite, Apt. #, etc.

Suites 3 & 4

City & State

Immokalee, FL

Zip

34142

Country

3. Mailing Office Address

PO Box 3494

Suite, Apt. #, etc.

City & State

Immokalee, FL

Zip

34143

Country

REINSTATEMENT

04

**4. Date Incorporated or Qualified
To Do Business in Florida**

5-20-03

5. FEI Number

02-0689538

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

Robert A. Hawthorne

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

3522 SE 5th PL

Suite, Apt. #, Etc.

City

Cap Coral

State

FL

Zip Code

33904

600042603806

11/09/04--01062--008 **236.25

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/1/04

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
Dir/Pres	Anivain Despres	PO Box 3494	Immokalee, FL 34143
Dir/Sec	Lizette Despres	PO Box 3494	Immokalee, FL 34143
Dir	Oberto Despres	PO Box 3494	Immokalee, FL 34143
Dir	Peter Hevard	1011 W. Main St	Immokalee, FL 34143
Dir	Josselin Croit	112 Anhangra Cir Apt 6	Immokalee, FL 34143
Dir	Sandra Barrianneth	132 Boudiga Cir Apt 3	Immokalee, FL 34142

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/02/04

Daytime Phone #

CR2E081 (01/04)