

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 MAR 25 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000004585

1. Corporation Name

CHRISTIAN INTERNATIONAL FELLOWSHIP AND
EDUCATION CENTER, INC.

800121216148
03/27/08--01007--023 **8.75

REINSTATEMENT

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

1463 S.E. HUFFMAN ROAD

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FLORIDA

Zip

34952

Country

UNITED STATES

3. Mailing Office Address

1470 S.E. HUFFMAN ROAD

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FLORIDA

Zip

34952

Country

UNITED STATES

4. Date Incorporated or Qualified
To Do Business in Florida

03/19/2008

5. FEI Number

26-2207857

☒ 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

LUCIEN, GANDY

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

1448 SAILBOAT CIRCLE

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

800121216148

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

3/19/2008

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
DT	LUCIEN, GANDY	1448 SAILBOAT CIRCLE	WELLINGTON, FL 33414
DV	XANTUS, EVANS	1320 N.E. 15th AVENUE	FORT LAUDERDALE, FL 33304
D	RICHARD, TOUSSAINT	1861 S.W. HAMPSHIRE LANE	PORT ST. LUCIE, FL 34953
D	BENJAMIN, GASPARD	106 S.W. HAWTHORNE ST.	PORT ST. LUCIE, FL 34953
DT	ST. LOUIS, JACKSON	465 S.E. VOLTAIR TER.	PORT ST. LUCIE, FL 34983
DS	LUCIEN, MIRMA	1448 SAILBOAT CIRCLE	WELLINGTON, FL 33414

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 contained in Chapter 119, 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

Gandy Lucien

3/19/08

Date

Daytime Phone #

(772) 812-4906

3/25/08