

**2005 NOT-FOR-PROFIT CORPORATION  
REINSTATEMENT**


1002

**FILED**

05 SEP 16 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N03000005628**  
1. Entity Name  
EGLISE EVANGELIQUE DE DIEU INTERNATIONAL, INC.



Principal Place of Business  
1595NW 119 ST NORTH  
MIAMI, FL 33167

Mailing Address  
P.O. Box 681507  
Miami, FL 33167

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102005 REIN-NP CR2E099 (6/04)



4. FEI Number  
51-0470865

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
FELIX, ERNST  
14200 NW 2 AVE  
MIAMI, FL 33168

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.

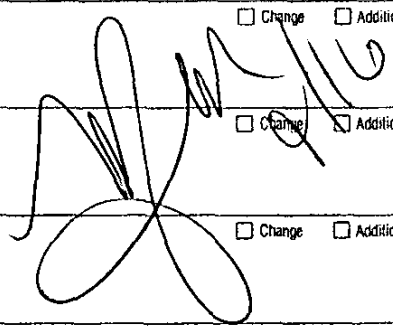
SIGNATURE  DATE 8-29-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

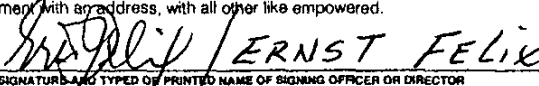
Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FELIX, ERNST 14200 NW 2 AVE MIAMI, FL 33168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN-JULES, GARDY 15011 NW 7 CT MIAMI, FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMAND, MAXON 2175 NE 169 ST APT 210 N MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLMAR, VOLTAIRE 12970 NW 16 AVE N MIAMI, FL 33168	<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	900059781449 09/20/05--01039--019 **70.00	<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
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:  DATE 8-29-05 DAYTIME PHONE # 305 681 2777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

8/29/05

*zabz*

Eglise Evangelique de Dieu International, Inc.  
P.O Box 681507  
Miami, FL 33167  
305 681-2777

Florida Department of Corporation  
Attn: Reinstatement  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Ref: Document # N0300005628

This note is to let you know that I did not receive back any Renewal Report form on September 2, 2004. Therefore, I request a late fee waiver.  
For further information, I can be reached at 305 688 8621 or at the above number.

Thank you,

Regards,

  
Ernst Felix