

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 DEC -3 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **103000009500**

1. Corporation Name
EGLISE BAPTISTE Pal LA FOI, Inc

REINSTATEMENT

100253660881
12/03/13--01006--002 **\$8.75

CR2E081 (11/10)

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

1179 Benoist Farms Rd
Suite (Apt.) #, etc.
204

City & State
West PALM Beach

Zip
FL 33411

Country
USA

3. Mailing Office Address

1179 Benoist Farms Rd
Suite (Apt.) #, etc.
204

City & State
West PALM Beach FL

Zip
33411

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-22-2002

5. FEI Number
55-08053 27

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
Rev. RiGuens Billy
Street Address (P.O. Box Number is Not Acceptable)
1179 Benoist Farms Rd
Suite, Apt. #, Etc.
204
City
West PALM Beach

State
FL

Zip Code
33411

06-13

100253660881
12/03/13--01006--001 **\$428.75

100253660881
11/07/13--01018--011 **\$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 **RiGuens Billy**

REGISTERED AGENT MUST SIGN

Date **11-29-13**

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
Director	Gueland Joseph	1179 Benoist Farms Rd	WPB FL 33411
Director	Alicas Billy	823 S'G' st	LAKE WORTH FL 33460
Director	Gracense Remond	1215 Benoist Farms Rd	West PALM Beach FL 33411
Director	RiGuens Billy	1179 Benoist Farms Rd	204 West PALM Beach

DEC 08 2013

S. PRATHER

10. E-mail Address: **RiGuens12@aol.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: **RiGuens Billy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-29-13

Date

561 633 1924

Daytime Phone #