PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JAN 29 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000009573

REINSTATEMENT 01-10

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01/29/10--01027--023 **245.00

CR2E081 (11/09)

1. Corporation Name
Church of Christ/French and Creole Congregation Inc.
2886 NW Havendal Boulevard
Winter Haven, FL 33881

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2886 NW Havendale BLVD	2886 NW Havendale
Suite, Apt. #, etc.	Suite, Apt. #, etc. Boulevard
City & State: Winter Haven, FL	City & State: Winter, FL
Zip: 33881 Country: FL	Zip: 33881 Country: FL

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 20-1051744 ☐ 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: Louis, Jodelin E
Street Address (P.O. Box Number is Not Acceptable): 127 Auburn Road
Suite, Apt. #, Etc.:
City: Auburndale State: FL Zip Code: 33823

☑ 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.

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: _____ Date: 01-25-2010
REGISTERED AGENT MUST SIGN

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
DP	Louis, Jodelin E	127 Auburn Road	Auburndale FL 33823
D	Raphael Josue	4784 Summerfield Circle	Winter Haven, FL 33881
DV	SeJour, Philippe M	722 17th street NE	Winter Haven, FL 33881
D	Jean-Claude Previlus	804 west 7th St App. B15	Lakeland, FL 33805
DS	Jean Cime	8737 Pebble Brooke	Lakeland, FL 33810
			X 2/1

10. E-mail Address: JLouis11@tampabay.rr.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., 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.

SIGNATURE: _____ Louis, Jodelin E 01-25-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #