


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N0400000273 1. Entity Name HOSANNA EVANGELICAL ALLIANCE CHURCH, INC.	
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Principal Place of Business 515 NE 3RD STREET BOYNTON BEACH, FL 33486	Mailing Address 515 NE 3RD STREET BOYNTON BEACH, FL 33486
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FILED

05 OCT 25 AM 11:55

REINSTATEMENT

T. Roberts OCT 28 2005



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip 33435 Country	City & State Zip 33435 Country
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10192005 REIN-NP CR2E099 (6/04)

4. FEI Number	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent CINEUS, ESTAGNE REV. 548 CORTEZ LANE DELRAY BEACH, FL 33445-2466	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	CINEUS, ESTAGNE PASTOR
STREET ADDRESS	548 CORTEZ LANE
CITY-ST-ZIP	DELRAY BEACH, FL 334452466
TITLE	D <input type="checkbox"/> Delete
NAME	CHERY, PROSPER
STREET ADDRESS	7286 WILLOW SPRINGS CIR. NORTH
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	D <input type="checkbox"/> Delete
NAME	DELVA, JEAN D
STREET ADDRESS	327 SOUTHRIDGE RD.
CITY-ST-ZIP	DELRAY BEACH, FL 334442225
TITLE	D <input type="checkbox"/> Delete
NAME	ANTOINE, FAVEUR
STREET ADDRESS	338 SW 1ST AVE.
CITY-ST-ZIP	DELRAY BEACH, FL 334443507
TITLE	D <input type="checkbox"/> Delete
NAME	DESIMABLE, TIMA
STREET ADDRESS	4650 CORTEZ LANE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	D <input type="checkbox"/> Delete
NAME	UNSEULDIEU, JOHN P
STREET ADDRESS	900 S.W. 2ND AVE.
CITY-ST-ZIP	DELRAY BEACH, FL 33445

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900060916739
STREET ADDRESS	10/25/05--01031--001 **245.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Estagne Cineus 10/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #