

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN 14 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N04000000331**

1. Corporation Name

**MJPP JUDEO CHRETIEN MOUVEMENT
GNOSTIQUE, INC.**

WCA-24565

700156333197
05/25/09--01001--011 **420.00

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

14908 W. DIXIE HWAY

Suite, Apt. #, etc.

N/A

City & State

Miami, FL

Zip

33181

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 06-09
CR2E001 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/05/2004

5. FEI Number

90-0137306

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

ANDRE HOSTY

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

14908 W. Dixie Highway

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33181

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/14/09

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
M.	Emmanuel P. Brillant	16830 NE 8 Court	North Miami Bch, FL 33162
M.	Ronald Beaujin	21217 NW 14 Place	Miami Gardens, FL 33169
M.	Jean B. Pierre	19525 NW 8 Court	Miami, FL 33169
Director	ANDRE HOSTY	14908 W. Dixie Highway	Miami, FL 33181
REINSTATEMENT			
RH			

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/14/09

Daytime Phone #