

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC 23 PM 4: 23

KS

DOCUMENT # N04000004496

1. Corporation Name

Eglise De Dieu Fleuves D'Eau Vive, Inc.

W09-50258

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

1134 Satellite Blvd

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL 32837

City & State

Zip

32837

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

April 30, 2004

5. FEI Number

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

Fritz Saint Laurent

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

204 Sandalwood Dr

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34743

☒ 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.

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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

REGISTERED AGENT MUST SIGN

Date October 16, 2009

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
Pres	Fritz Saint Laurent	204 Sandalwood Dr	Kissimmee FL 34743
Sec	Rosett Castel	212 Sandalwood Dr	Kissimmee FL 34743
Tres.	Eunice Saint Eloi	204 Sandalwood Dr	Kissimmee FL 34743

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 16, 2006 407-738-2883

Date

Daytime Phone #