

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 18 PM 12:21

DOCUMENT # N05000000274

1. Corporation Name

LE ROCHER DU TABERNACLE CHURCH, INC

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

2211N.EAST COAST

Suite, Apt. #, etc.

3. Mailing Office Address

10301 BOYNTON PLACE CIR

Suite, Apt. #, etc.

City & State

LAKEWORTH, FLORIDA

City & State

BOYNTON BEACH, FLORIDA

Zip

33460

Country

USA

Zip

33437

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/2005

5. FEI Number

202178408

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

SALOMON MANES

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

10301 BOYNTON PLACE CIRCLE

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33437

☐ 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

REGISTERED AGENT MUST SIGN

Date JANUARY 8, 2010

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
P	SALOMON, MANES	10301 BOYNTON PLACE CIR	BOYNTON BEACH, FL 33437
VP	ASTJULES, SAINT RICK	814 M STREET SOUTH	LAKE WORTH, FL 33460
D	GERMAN, WALLACE	10301 BOYNTON PLACE CIR	BOYNTON BEACH, FL 33437

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10. E-mail Address: mainesalomon@yahoo.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:

MANES SALOMON

01/08/2010 561-667-7744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #