

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000002632

1. Corporation Name

L'EGLISE REVELATION PARLA FOIE INC.

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

416 EAST LANTANA RD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LANTANA, FL

City & State

Zip

33462

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

CHARLES X DUVERVAL

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

170 PLUM TREE DR

Suite, Apt. #, Etc.

City

LANTANA

State

FL

Zip Code

33462

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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

Charles X Duverval
REGISTERED AGENT MUST SIGN

Date *2-24-09*

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
P	CHARLES X DUVERVAL	170 PLUM TREE DR	LANTANA , FL 33462
V	CAHOUS PIERRE LOUIS	925 SOUTH C STREET	LAKE WORTH, FL 33460
S	ISRAEL JOSEPH	890 GARNET ST	LANTANA, FL 33462
T	GENIA CHARLES	1104 NE 3TH AVE	DELRAY BEACH FL 33444
D	FLOGY TROMPE	3631 LAKE MONTRESSOR	DELRAY BEACH FL 33445
REINSTATEMENT 07-09 100145048551 03/05/09--01024--015 **183.75			

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: *Charles X Duverval* CHARLES X DUVERVAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/2009

Date

561-577-0583

Daytime Phone #

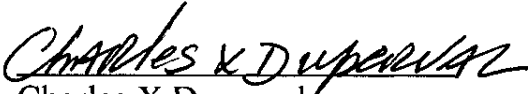
Charles X Duperval
L'EGLIESE REVELATION PARLA FOIE INC>
416 East Lantana Rd
Lantana FL 33462

February 24, 2009

Florida Department of State
Division of Corporations
Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

I Charles X Duperval certify under perjury that I did not receive a notification from The Division of Corporation for renewal of my 2007, 2008 and 2009 annual report and I am requesting a waiver on the reinstatement fee for the above mention years. I thank you in advance.

God Bless you,


Charles X Duperval
L'egliese Revelation Parla Foie