

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 26 AM 7:58

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # N05000003946

1. Corporation Name

Assemblée de Dieu de Lake Worth Inc.

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

3842 43rd Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 535

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33461

Country

USA

Zip

33460

Country

USA

REINSTATEMENT

ORZL081 (Rev)

06-07

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/2005

5. FEI Number

06-1742250

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
AIA Registered Agents Inc.

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

92 Shadberry Rd

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

☒ 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

AIA Registered Agents Inc.
REGISTERED AGENT MUST SIGN

Date

06/21/07

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
DP	Cius Joseph	3842 43rd Dr.	Lake Worth, FL 33461
DN	Roosevelt Presendieu	3806 Kewanne Rd.	Lantana, FL 33462
DT	Janvier Dumarjean	1102 S. K St	Lake Worth, FL 33460
S	Gerry St. Duc	5863 Triphammer Rd	Lake Worth, FL 33460

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:

Cius Joseph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06/21/07

Daytime Phone #

(561) 682-8080

(561) 602-7277