

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PM 3:04

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000002077

1. Corporation Name

VRAI TABERNACLE DE JESUS

-W102-25860

CHRIST, Inc

700181665237
06/16/10--01002--001 **61.25700181665237
06/03/10--01018--005 **358.75

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

1700 Australian

3. Mailing Office Address

PO BOX 19323

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

WTPB FL

Zip

33407 USA

Zip

33416 USA

REINSTATEMENT 07-10
CR2E081 (4/10)4. Date Incorporated or Qualified
To Do Business in Florida

2/24/2006

5. FEI Number

N06000002077

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

JONES, Willie Esquire

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

600 North Congress Avenue #420

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33445

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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 AgentLenese Naval For Willie Jones
Estiverne REGISTERED AGENT MUST SIGN

Date

5/26/10

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
PD	Lenese Naval-Estiverne	PO BOX 19323 (WTPB, FL 33416)	WTPB, FL 33416
TD	Jean Charles Estiverne	PO BOX 19323	WTPB, FL 33416

10. E-mail Address: jesusplans@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:

Lenese Naval-Estiverne 5/26/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #