

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 NOV -12 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N07000000450

1. Corporation Name

SMYRNE SEVENTH DAY ADVENTIST CHURCH

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

953, 11th Ave

3. Mailing Office Address

5908 Button Quail Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL.

City & State

Tampa, FL.

Zip

33605

Country

USA

Zip

33624

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/16/2007

5. FEI Number

No

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

Saint-Cyr Vivandieu

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

5908 Button Quail Ct

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33624

☐ 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

*Saint-Cyr Vivandieu*

Date 11/03/2008

REGISTERED AGENT MUST SIGN

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	Saint-Cyr Vivandieu	5908 Button Quail Ct	Tampa 33624
TD	Fenelus Elve Paul	1526 River Dr., Apt. L303	Tampa 33603
VT D	Dumelfort Marie Claudette	911 Skyview	Tampa 33510
S	FREDERIC JULIEN	953, 11th AVE.	TAMPA, FL 33605
S	EVELINE JULIEN	953 11th AVE.	TAMPA, FL 33605
Bm	MUSSELET SAINT-FLEUR	953 11th AVE.	TAMPA, FL 33605

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:

*Saint-Cyr Vivandieu / SAINT-CYR VIVANDIEU*

11/03/2008

Date

Daytime Phone #

Revised

For the board

Evolve Paul Fenelus- -----treasurer

*Paul Fenelus*

Claudette Dumelfort-----assistant treasurer

*Maria Claudette Dumelfort*

Saint-Cyr Vivandieu-----pastor

*Saint-Cyr Vivandieu*

Musselet Saint-Fleur-----Member

*Musselet St. Fleur*

Nathalie Erdain-----Member

*Nathalie Erdain*

Frederic Julien-----secretary

*Frederic Julien*

Julien Eveline-----secretary

*Evelyn Julien*

(BM) NATHALIE ERDAIN 953 11<sup>th</sup> AVE., TAMPA, FL 33605