

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N07000003928**

1. Corporation Name

**EGLISE DE JESUS-CHAIST Full Gospel
DE NORTH MIAMI BEACH, INC.**

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

66 NE 167 STREET

3. Mailing Office Address

66 NE 167 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33162

Country

USA

Zip

33162

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/2007

5. FEI Number

71-1038647

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

Perilus Manes Rev.

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

66 NE 167 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33162

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

REY MANES PERILUS

Date **11/3/09**

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
S	CELESTIN Joseph	431 NW 162 STREET	Miami FL 33160
T	BRUNET TEL FORT	7410 Plantation Blvd	MIRAMAR, FL, 33023
VT	Colin FREDERIC	1065 NE 143 STREET	Miami FL 33161
P	MANES PERILUS	66 NE 167 STREET	Miami FL 33162
			700163098937
			11/25/09 01004 021 **306.25

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:

Manes Perilus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/3/09

Daytime Phone #

FILED
09 NOV 25 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-09
CR2E081(12/08)