

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
Dec 02, 2008  
Secretary of State

DOCUMENT# N07000012354

Entity Name: MESSENGER POUR CHRIST, INC.

**Current Principal Place of Business:**

2239 LANE AVE. S.  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

2239 LANE AVE. S.  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ORELUS, FRANCOIS  
2239 LANE AVE. S.  
JACKSONVILLE, FL 32210    US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ORELUS FRANCOIS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title:                      D                      ( ) Delete  
Name:                      ORELUS, FRANCOIS  
Address:                      2239 LANE AVE. S.  
City-St-Zip:                      JACKSONVILLE, FL 32210

Title:                      D                      ( ) Delete  
Name:                      ORELUS, EMANUEL  
Address:                      2239 LANE AVE. S.  
City-St-Zip:                      JACKSONVILLE, FL 32210

Title:                      D                      ( ) Delete  
Name:                      MICHEL, CLOVIS  
Address:                      6519 AVA DR.  
City-St-Zip:                      JACKSONVILLE, FL 32211

Title:                      D                      ( ) Delete  
Name:                      TILUS, JESUS  
Address:                      6519 AVA DR.  
City-St-Zip:                      JACKSONVILLE, FL 32211

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORELUS FRANCOIS

D

12/02/2008

Electronic Signature of Signing Officer or Director

Date