

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY 27 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09000010128

1. Corporation Name

Port Saint Lucie Gospel Assembly, Inc.

REINSTATEMENT 10-11

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **10/19/2009**

5. FEI Number 29-1133/22 ☐ 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

Louissaint Lamothe

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

5796 SE Collins Ave

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34997

600208212316
05/27/11--01034--002 **298.50

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

Louissaint Lamothe
REGISTERED AGENT MUST SIGN

Date **05/25/2011**

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
P	Louissaint Lamothe	5796 SE Collins Ave	Stuart, FL 34997
S	Edwidge Paulvil	567 SE Sunnybrook Terrace	Port St Lucie, FL 34983
T	Elcame Romulus	1281 Navajo Lane	Port St Lucie, FL 34953

A75/27

10. E-mail Address:

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Louissaint Lamothe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

525-11 477-631-4041