

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

AND FILED

98 DEC 17 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N10147*

1. Corporation Name  
**EGLISE BARTISTE D'EXPRESSION  
FRANCAISE, INC.**

*W98-27400*

Principal Place of Business Mailing Address

**375 N.E. 54<sup>TH</sup> STREET  
SUITE B  
MIAMI, FL. 33137**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7-10-85	
City & State		City & State		5. FEI Number	
Zip		Country		59-2644577	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

**REINSTATEMENT 96-98**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	SERAPHIN HEAD	235 N.E. 175 <sup>TH</sup> STREET	MIAMI, FL. 33136
T/D	ELIMA NAPOLEON	8251 N.E. 12 <sup>TH</sup> AVE.	MIAMI, FL. 33138
S/D	ERNEST BELONGY	1115 NW 87 <sup>TH</sup> STREET	MIAMI, FL. 33150
			700002725847--7 -12/30/98--01001--010 ***367.50 ***367.50 <i>12/18</i>

8. Name and Address of Current Registered Agent

**ELIMA NAPOLEON  
8251 N.E. 12<sup>TH</sup> AVE.  
MIAMI, FL. 33138**

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	<b>FL</b>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]*  
REGISTERED AGENT MUST SIGN

Date *12/14/98*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: *[Signature]* Amos Seraphin Minister *11/16/98* 305-758 5908  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (1/98)