

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N10976

1. Corporation Name **APOSTOLIQUE FAITH CHURCH, INC.**

**Apostolic Faith Church**

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

**5708 NE 2nd Ave**

Suite, Apt. #, etc.

City & State

**Miami, Florida**

Zip

**33138**

Country

**Miami-Dade**

3. Mailing Office Address

**1000 NW 155th Lane**

Suite, Apt. #, etc.

**Apt 202**

City & State

**Miami, Florida**

Zip

**33169**

Country

**Miami-Dade**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

1984

5. FEI Number

**592617741**

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
☒ yes

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**St-Louis Pierre**

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

**1000 NE 155th Lane, Miami, FL 33160**

Suite, Apt. #, Etc.

**Apt: 202**

City

**Miami**

State

**FL**

Zip Code

**33169**

700271506587  
04/07/15--01027--001 \*\*163.00

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

Date **03/10/15**

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
Pastor	St-Louis Pierre	1000 NW 155th Lane	Miami, FL 33169
Evangelist	Gabrielle Pierre	1000 NW 155th Lane	Miami, FL 33169
Ms.	Luckencie Pierre	17327 NE 22nd Ave	North Miami Beach, FL 33160
Deaconess	Altaro Francois	10455 NE 155th Street	North Miami Beach, FL 33162
Rev.	Daniel Pierre	5708 NE 2nd Ave	Miami, FL 33138
Deacon	Nathan Dorelus	5708 NE 2nd Ave	Miami, FL 33138

10. E-mail Address: **Lpierre@dadeschools.net**

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/15

(786)487-1062

Date

Daytime Phone #

Session 0014/2015 + COB