

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 15 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 169 98**

1. Corporation Name
EGLISE DU NAZAREEN LIBRE. "Par la Foi"
Church of the Free Nazarene "by Faith"

500016059435
04/15/03--01016--005 **131.25

2. Principal Office Address
7640 NE 2 Ave.
Suite, Apt. #, etc.

3. Mailing Office Address
7020 NW 3 Ave
Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

4. Date Incorporated or Qualified To Do Business in Florida
Sept 25, 1986

5. FEI Number
59-2722497

Zip Country
33138 DADE

Zip Country
33150 DADE

6. CERTIFICATE OF STATUS DESIRED **Additional Fee required for Certificate of Status**

7. Name and Address of Current Registered Agent

Name
FRITZ DEMOSTHENES
Street Address (P.O. Box Number is Not Acceptable)
7020 NW 3 Ave
Suite, Apt. #, Etc.
City
Miami

State Zip Code
FL 33150

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
Gen. Fritz Demosthenes
REGISTERED AGENT MUST SIGN

Date
April 9, 2003

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.D	FRITZ DEMOSTHENES	7020 NW 3 Ave	Miami FL 33150
T.D	MULTIDA M. DEMOSTHENES	7020 NW 3 Ave	Miami FL 33150
S.D	FRITZ LAINE DEMOSTHENES	7020 NW 3 Ave	Miami FL 33150
Counselor	Lolita S ^t Hilaire	345 NW 34 st	Miami FL 33127
Counselor	Vernante Moncher	235 NE 47 st	Miami FL 33137
D	RAYMOND BRNELLE	580 NW 1	Miami FL 33168

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 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: **Gen. Fritz Demosthenes P.D** April 9, 2003 (305) 756-6719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)