

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 28 AM 10:39

DOCUMENT # **N18142**

1. Corporation Name

EPHPATHA CHURCH, INC.

Principal Place of Business

Mailing Address

5800 NW 2ND AVE
 MIAMI FL 33127
 US

P.O. BOX #380682
 MIAMI FL 33238



REINSTATEMENT 99

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 12/09/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2779640	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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	4. City / State / Zip
STD	ANTOINE, MARIE	68 NW 47TH ST	MIAMI FL
VD	ST. FLEUR, SUCCES	1410 N.W. 115TH AVENUE	MIAMI FL
PD	PAUL, JOSEPH S	271 NW 148 STREET	MIAMI FL

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAUL, JOSEPH SAMUEL 271 NW 148 STREET MIAMI FL 33168	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State Zip Code

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: Joseph S. Paul Date: 10/26/99
 REGISTERED AGENT MUST SIGN

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., 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: Joseph S. Paul Date: 10/26/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/99)