

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Candra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 20 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21275

1. Corporation Name
MISSION L'EGLISE DE JESUS CHRIST, INC.

Principal Place of Business
1045 28TH STREET
ORLANDO FL 32805-5432

Mailing Address
1045 28TH STREET
ORLANDO FL 32805-5432

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/23/1987

5. FEI Number

59-2820340

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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
PD	CINCYR, MERCUS	1045 28TH STREET	ORLANDO FL
D	BAPTISTE, JESUMONT JEAN	1045 1/2 28TH STREET	ORLANDO FL
D	CHARLESTIN, LERETTE	1045 28TH STREET	ORLANDO FL
S	MARIE LUCATE	1045 26th Street	Orlando FL 32805
			4000002012294-7
			-11/22/96-01027-023
			***245.00 ***245.00
			0611-21-96

8. Name and Address of Current Registered Agent

CINCYR, MERCUS
534 TULANE DR.
ALTAMONTE SPRINGS FL 32714

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/14/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 REQUIRED

[Signature]

NERCIUS

CINCYR

7 18

96 82-0001

Date

Daytime Phone