

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

John Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

97 DEC 17 AM 8:35

Read Instructions on Other Side Before Making Entries
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # N-37404**
Independent Eglise de Dieu par le
ST Esprit inc
1290 N.W 36 ST
Miami FL- 33142

2. If Address in Block 1 is not the same as the corporation's address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **05-97** **NA1080023299**

4. Date Incorporated or Qualified To Do Business in Florida:

4.90

5. FEI Number

65-0533470

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75 Additional Fee required for a Certificate of Status**

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
PRES	Laurent Sazous	1290 N.W 36 ST	Miami FL- 33142
Sec	Gladys Romain	261 N.W 49 ST	Miami FL- 33127
Tres	Celia Pierre	261 N.W 49 ST	Miami FL- 33127

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******358.75 ****358.75**

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Laurent Sazous
1290 N.W 36 ST
Miami FL- 33142

9. If changed, new registered agent office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

FL

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 **Laurent Sazous**

REGISTERED AGENT MUST SIGN

Date

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☒ (See other side for additional information)

12. 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.)

13. 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. 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 of Officer or Director **Laurent Sazous**

Date

10-7-97

Daytime Phone #

305 638 4693