

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -4 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N37404*

1. Corporation Name

*Independent Eglise De Dieu Par
Le STESPRIT INC*

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

1290 NW 36 ST

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33142

Country

USA

3. Mailing Office Address

Same As Above

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

REINSTATEMENT *DS-1D*
CR2E081 (12/08)

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

04-03-1990

5. FEI Number

650533470

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Laurent Sajous

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

3519 NW 13 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33142

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Laurent Sajous

Date *02-24-2010*

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
PD	<i>Laurent Sajous</i>	<i>3519 NW 13 Ave</i>	<i>Miami, FL 33142</i>
SD	<i>Gladys Romain</i>	<i>261 NW 49 St.</i>	<i>Miami, FL 33127</i>
TD	<i>Celia Pierre</i>	<i>261 NW 49 St</i>	<i>Miami, FL 33127</i>

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 contained in Chapter 119, 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:

Laurent Sajous

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24-2010 786-267-4287

Date

Daytime Phone #