

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 OCT 31 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N37404**

1. Corporation Name

**INDEPENDENT EGLISE DE DIEU PAR LE ST ESPRIT, INC**

Principal Place of Business

Mailing Address

1290 N.W. 36 ST.  
MIAMI FL 33142

1290 N.W. 36 ST.  
MIAMI FL 33142

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

**04/03/1990**

5. FEI Number

**65-0533470**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SAJOUS, LAURENT	1290 NW 36 STREET	MIAMI FL 33142
SD	ROMAIN, GLADYS	261 N.W. 49 ST.	MIAMI FL 33127
TD	PIERRE, CELIA	261 N.W. 49 ST.	MIAMI FL 33127

200024343952  
10/31/03--01109--013 \*\*61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAJOUS, LAURENT  
3519 N.W. 13 AVE.  
MIAMI FL 33142

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Laurent Sajos*  
REGISTERED AGENT MUST SIGN

Date

*10/27/03*

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:

*Laurent Sajos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

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153 N.E. 97<sup>th</sup> Street • Miami Shores, FL 33138

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1940

FAX (305) 751-~~1234~~  
2692

Florida Dept. of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

Attn: Division of Corporations

This is to attest to the fact that we are the Accountants of records for the **INDEPENDENT EGLISE DE DIEU PAR LE ST ESPRIT, INC.**, document number N37404, and sometimes in April 2003, we had mailed the Annual report for the said non-profit corporation. We are surprised to have learned from our client that they had received a reinstatement form, apparently the original has been lost in the mail.

Enclosed is another check in the amount of \$ 61.25 and hope that this second check and mailing get to your department to correct this situation.

Sincerely,



Pierre Charles  
Comprehensive Business Services  
October 28, 2003

cal.