

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N49283**

1. Corporation Name
**PREMIER L'EGLISE PENCOTISTE HAITIAN INTERNATION
AL, INC.**

Principal Place of Business Mailing Address
**1533 S. RIO GRANDE AVE 1533 S. RIO GRANDE AVE
ORLANDO FL 32805 ORLANDO FL 32805**

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

FILED
97 MAY -5 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 910-97

4. Date Incorporated or Qualified To Do Business in Florida **06/05/1982**
5. FEI Number **59-3184284** 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)

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
D	ARIS, ANIS	1602 BRENLEE COURT	ORLANDO FL
D	JEAN, MAUREL	1712 WEST 27TH ST.	ORLANDO FL
D	JEAN, ALIDE	1712 WEST 27TH ST.	ORLANDO FL
			600002176706--D -05/13/97--01071--003 ***297.50 ***297.50

8. Name and Address of Current Registered Agent
**ARIS, ANIS
602 BREN LEE CT
ORLANDO FL 32805**

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
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 *Aris Aris* REGISTERED AGENT MUST SIGN Date **12/15/96**

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)(l), 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: *Aris Aris* **ANIS ARIS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR02040 (7/96)