PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 03 DEC -8 AMII: 57 FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 19300004777 DOCUMENT # FELISE BAPTISTE DELA HOUVElle JERUSALEM 908 NE 62 street cyland creek Rd Corporation Name lauderdale F1.33334 was -29871 100024795161 11/18/03--01008--025 **665.00 4. Date Incorporated or Qualified To Do Business in Florida City & State Applied For 5. FEI Number Not Applicable \$8.75 Additional Fee req CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent State Zip Code corporation, am familiar with and accept the obligations of section 607.0505 Signature of Registered Agent 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each City / State / Zip Officers and/or Directors Officer and/or Director 3114 Palm Place Pastor SERGE. BATISTE 1800NW2 A VEYENDEMEANS F 4349 NW 3 ER 2700 NOU AU 10. I certify that 1 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

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