PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV 15 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000001555**

1. Corporation Name

EGLISE BAPTISTE DE LA RECONCILIATION, INC.

Principal Place of Business	Mailing Address
5443 N. STATE RD. 7 BOX 14 TAMARAC FL 33321	5443 N. STATE RD. 7 BOX 14 TAMARAC FL 33321

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State

REINSTATEMENT 99 NOV 15 TS

4. Date Incorporated or Qualified To Do Business in Florida: 03/29/1994

5. FEI Number: 65-0365296 ☐ 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)

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-11/23/99--01003--008

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City/State/Zip 4 ****236.25 ****236.25
PD	JEAN-LOUIS, FRANTZ REV.	[redacted] 5290 S.W. 8th Street	[redacted] MARGATE FL 33068
D	BELONY, ISAAC	1907 S.W. 81 TERRACE	NORTH LAUDERDALE FL 33068
S	CADET TOUSSAINT, MARIE	6300 S.W. 9TH PLACE	NORTH LAUDERDALE FL 33068
D	JEAN-LOUIS, MARIE	[redacted] 5290 SW. 8th Street	[redacted] MARGATE FL 33068
D	~~DEVISTEND/ADONIS~~ LISETTE DARGINSON	[redacted] 5948 N.W. 31 AVE #102	FT. LAUDERDALE FL 333[redacted]
ST	CAYARD, ULRICK	19704 HAMPTON DRIVE	BOCA RATON FL 33434

8. Name and Address of Current Registered Agent

JEAN-LOUIS, FRANTZ REV
5290 S.W. 8TH STREET
MARGATE FL 33063

9. Name and Address of New Registered Agent

Name: REV. FRANTZ JEAN-LOUIS
Street Address (P.O. Box Number is Not Acceptable): 5290 S.W. 8th Street
Suite, Apt. #, Etc.:
City: MARGATE State: FL Zip Code: 33068

CR2E040 (8/99)

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: [signature] REGISTERED AGENT SIGNATURE Date: 10-12-99

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: REV. FRANTZ JEAN-LOUIS [signature] 10-12-99 (954)978-9914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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