

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2006 NOV 15 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001647

1. Corporation Name

Penuel Evangelical Church of Delray Beach,  
Inc.

2. Principal Office Address

4243 Sabar Lake Road

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33445

Country

Palm Beach

3. Mailing Office Address

724 Avenue Chaumont

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33445

Country

Palm Beach

4. Date Incorporated or Qualified  
To Do Business in Florida

04/04/1994

5. FEI Number

65-0534382

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

Modestin Elmeus, Pastor

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

724 Avenue Chaumont

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33445

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

*Modestin Elmeus pastor*  
REGISTERED AGENT MUST SIGN

Date

11-14-06

**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
P	Modestin Elmeus	724 Avenue Chaumont	Delray Bch, FL 33445
VP	Wilfrid Kenol	2339 Linton Ridge Cir.	Delray Bch, FL 33444
S	Personnel Vincent	514 S. Ridge Road	Delray Bch, FL 33444
T	Melirat Nord	919 NW 8th Street	Boynton Bch, FL 33426
D	Augustin Elmeus	623 SW 6th Avenue	Delray Bch, FL 33444
D	Lucienne Marcelus	106 Central Avenue	Delray Bch, FL 33480

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:

*MODESTIN E. ELMEUS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-14-06 819-0865

Daytime Phone #

(11/16 ad)