

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 19 AM 10:30

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001647

1. Corporation Name

PENUEL EVANGELICAL CHURCH INC.

OF DELRAY
BEACH

600136147426
09/19/08--01035--001 **236.25

2. Principal Office Address - No P.O. Box #

2555 SW 14TH STREET

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL.

Zip

33426

Country

PALM BEACH

3. Mailing Office Address

SAME ABOVE

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

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

ELMEUS MODESTIN

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

Suite, Apt. #, Etc.

2555 SW 14 TH STREET

City

BONTON BEACH

State

FL

Zip Code

33426

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 Paston

Date 08-27-2008

REGISTERED AGENT MUST SIGN

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.	ELMEUS MODESTIN PASTOR	2555 SW 14TH STREET	BOYNTON BEACH, FL.33426
VP.	KENOL WILFRID	2734 PONCE DE LEON BLVD	DELRAY BEACH, FL.33445
SEC.	VINCENT PERSONNEL	514 S.RIDGE ROAD	DELRAY BEACH, FL.33444
D.	AUGUSTIN ELMEUS	623 6TH AVENUE	DELRAY BEACH, FL.33444
D.	MARCELUS LUCIENNE	106 CENTRAL AVENUE	DELRAY BEACH, FL 33444
T.	MELIRAT NORD	919 NW 8TH STREEET	BOYNTON BEACH, FL 33426

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 ELMEUS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08-26-08 861 929-308

Daytime Phone #