

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

97 SEP -2 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002343**

1. Corporation Name
EMMANUEL SAINT-FLEUR EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business 3600 S STATE RD 7 SUITE 237 MIRAMAR FL 33023	Mailing Address 7351 GRANDVIEW BLVD SUITE 237 MIRAMAR FL 33023 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 9900 NW 7 AVE		3. New Mailing Office Address, If Applicable 9900 NW 7 AVE		4. Date Incorporated or Qualified To Do Business in Florida 05/09/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0569314 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State Miami FL		City & State Miami FL 33150		6. 8.75 CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip 33150	Country USA	Zip 33150	Country USA		

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
PD	SAINT-FLEUR, EMMANUEL	3600 S STATE RD 7 SUITE 237	MIRAMAR FL 33023
VD	SAINT-FLEUR, HUGO	3600 S STATE RD 7 SUITE 237	MIRAMAR FL 33023
STD	AUGUSTIN, LEON	3600 S STATE RD 7 SUITE 237	MIRAMAR FL 33023
D	DESAMOUR, RONALD M	3600 S STATE RD 7 SUITE 237	MIRAMAR FL 33023
	REV Ecclesias DONA TIEN	4 ONE 10ST MIAMI FLA 33138	200002285442--4 -09/05/97--01047--003 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SAINT-FLEUR, EMMANUEL
3600 S STATE RD 7
SUITE 237
MIRAMAR FL 33023**

Name
Street Address (P.O. Box Number is Not Acceptable)
**SAINT-FLEUR, EMMANUEL
3600 S STATE RD 7 SUITE 237
MIRAMAR FL 33023**

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*******297.50 *****297.50**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.
Signature of Registered Agent:
Date: **8-27-97**

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)(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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **8-27-97**
Daytime Phone #

CR2E040 (7/96)