PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN 15 PM 3:05

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DOCUMENT # N94000005242

1. Corporation Name
EBENEZER BAPTIST CHURCH, IN. OF DELRAY BEACH.

W05-27067

REINSTATEMENT 95-05

2. Principal Office Address	3. Mailing Office Address
241 SW 13TH AVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH, FL	City & State
Zip: 33444 Country: US	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/24/1994

5. FEI Number: 65-053-7580 ☐ 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: Rev. Polinice JEAN
Street Address (P.O. Box Number is Not Acceptable): 241 SW 13th Ave
Suite, Apt. #, Etc.:
City: Delray Beach State: FL Zip Code: 33444

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: [signature] REGISTERED AGENT MUST SIGN Date: 5/10/05

CR2E061 (01/05)

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
SD	JEAN CLAUDE JEROME	241 SW 13th Ave	Delray Beach FL 33444
D	FREDERIC Mesidor	241 SW 13th Ave	Delray Beach, FL 33444
D	Helmy Laguerre	241 SW 13th Ave	Delray Beach, FL 33444

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 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: JEAN CLAUDE JEROME [signature] 5/10/05 (561) 274-0164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #