


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N95000002946</b> 1. Entity Name EGLISE PAR LA FOI EN CHRIST, INC.	
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FILED  
07 NOV -9 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 759 NORTHWEST 54TH STREET MIAMI, FL 33131	Mailing Address 759 NORTHWEST 54TH STREET MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



**REINSTATEMENT**  
1019265 REV 01/07 CR28099 (1/07) *07*

<b>6. Name and Address of Current Registered Agent</b>  CORDON, RON ESQ. 335 NORTHWEST 54TH ST. MIAMI, FL 33127	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City
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4. FEI Number <b>65-0655656</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ron Cordon* Ron Cordon, Esq. Nov. 2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!! FEE IS \$236.25**  
After January 1, 2008, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD DANIS, OSVALD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	26 NE 44TH ST.	NAME	100112176911
STREET ADDRESS	MIAMI, FL 33137	STREET ADDRESS	11/09/07--01046--007 **236.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD GUSTINVIL, JEAN GUY P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	490 NW 130 ST.	NAME	\$711/13
STREET ADDRESS	MIAMI, FL 33168	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD GUSTINVIL, JEAN GUY P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	490 NORTHWEST 130TH STREET	NAME	
STREET ADDRESS	MIAMI, FL 33168	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD BRILUS, CELIA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	821 NE 142 ST.	NAME	
STREET ADDRESS	MIAMI, FL 33161	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD OLDMAN, JEAN R <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	490 NORTHWEST 130TH STREET	NAME	
STREET ADDRESS	MIAMI, FL 33168	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD PIERRE, JEAN WEBSTER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11 NW 78TH ST.	NAME	
STREET ADDRESS	MIAMI, FL 33150	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeannine Jean Gustin* Nov. 2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #