

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

FLORIDA DEPARTMENT OF STATE

CORPORATION
REINSTATEMENT

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 57 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N960000032325

1. Corporation Name

EGLISE DE DIEU L'HOPITAL PAR LA FOI, INC.

2. Principal Office Address 668 N PINE HILLS RD Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State	
Zip 32818	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 4/25/1996	
5. FEI Number 59-3380875	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐	

7. Name and Address of Current Registered Agent

Name PHILIAS, MICHELINE	
Street Address (P.O. Box Number is Not Acceptable) 668 N PINE HILLS RD Suite, Apt. #, Etc.	
City ORLANDO	State Zip Code FL 32818

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 *Micheline Philias* Date **9/29/2003**
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/ Street / Zip
PD	PHILIAS, MICHELINE REV	6507 CANTRELA DR	ORLANDO, FL 32818
T	YVES, AMBROISE	13732 HUNTWICK DR	ORLANDO, FL 32837
S	GERMAIN, NANCY	6833 CRESCENT RIDGE RD	ORLANDO, FL 32818
APD	RAOUL, CHARLES	6412 MOORE STREET	ORLANDO, FL 32818
SA	SOLANGE, PIERRE	1475 ROSE BLVD	ORLANDO, FL 32809

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: *Micheline Philias* / MICHELINE PHILIAS Date **9/29/2003** (407) 895-5933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

21 10/8

Robinson and Robinson Inc.

September 29, 2003

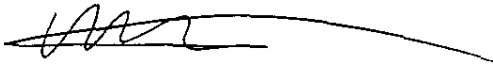
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that Eglise De Dieu L'Hopital Par La Foi, Inc. has relocated. The named Corporation did not receive a Annual Corporate Reports, for the year (2003). Due to these circumstances we are asking that you abate the reinstatement fees. If there are any questions you can contact me at (407) 895-5933. Document #N960000032325.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson