PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -7 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N960000032325

1. Corporation Name

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

000023594950
10/07/03--01009--006 **61.25

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

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 ☐ $8.75 Additional Fee required for a Certificate of Status

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	State	Zip Code
ORLANDO	**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	PHLIAS, 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 — **9/29/2003** — **(407) 895-5933**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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