

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

98 APR 13 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000005015**

1. Corporation Name  
**MAHALALEEL BAPTIST CHURCH, INC.**

Principal Place of Business Mailing Address  
**2874 N STATE RD 7 40 TILERIN, CERAMAND**  
**LAUDERDALE LAKES 5859 NW 16<sup>TH</sup> STREET**  
**FL 33311 SUNRISE FL 33313**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. **100002491601--6**

City & State **04/17/98--01006--040**  
**\*\*\*\*\*297.50 \*\*\*\*\*297.50**

Zip Country Zip Country

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

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
P/D	OLIVUS MIREUS	260 SW 56 <sup>TH</sup> TRAIL #106	MAR 6 <sup>TH</sup> FL 33068
T/D	CERAMAND TILERIN	5859 NW 16 ST	SUNRISE FL 33313
S/D	JOSEPH B LOSEIL	1122 SW 15 <sup>TH</sup> ST.	FT LAUD. FL 33312
M	ANDRABLE DUPICHE	100 NW 18 <sup>TH</sup> ST	N. MIAMI FL 333169
AP	CADIEU SYLVAIN	1241 NE 207 TRAIL	MIAMI FL 33179
VIP	GEDEON SYLVAIN	5301 NW 16 <sup>TH</sup> CT	FT LAUDERDALE FL 33313

8. Name and Address of Current Registered Agent

**TILERIN CERAMAND**  
**5859 NW 16<sup>TH</sup> STREET**  
**SUNRISE FL 33313**

9. Name and Address of New Registered Agent

Name **TILERIN, CERAMAND**  
Street Address (P.O. Box Number is Not Acceptable) **5859 NW 16<sup>TH</sup> STREET**  
Suite, Apt. #, Etc. **100002491601--6**  
City **SUNRISE** **04/17/98--01006--039**  
**\*\*\*\*\*8 FL 33313**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **Ceramand Tilerin**  
REGISTERED AGENT MUST SIGN

Date **4/6/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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: **Ceramand Tilerin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/6/98**  
Date

Daytime Phone #

CR2E040 (1/98)