

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001105

1. Corporation Name

~~EL SHADDAI PRESBYTERIAN CHURCH MINISTRY INC.~~

EL SHADDAI MISSIONARY PRESBYTERIAN CHURCH IN AMERICA INC.

Principal Place of Business

Mailing Address

6230 CYPRESS GARDEN RD
WINTER HAVEN FL 33881

~~6034 LAKE RUTH DRIVE WEST~~ P.O. Box 2779
~~DUNDEE FL 33838~~ WINTER HAVEN
FL 33883

FILED

00 DEC -7 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



00

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

2. New Principal Office Address, If Applicable
ESAIE ETIENNE

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~200 200 AVE K S.E. #200~~

City & State

City & State

WINTER HAVEN, FL

Zip
33880

Country

FL

Zip

Country

5. FEI Number

NOT APPLICABLE

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	JEAN-BART, LEOPOLD	6034 LAKE RUTH DRIVE WEST	DUNDEE FL 33838
T	SAINT GERMAIN, MARIE SHELLA	6012 LAKE RUTH DRIVE WEST	DUNDEE FL 33838
DELETE	SAINT GETH	100 PARKER LANE	WINTER HAVEN FL 33881
T	ESAIE ETIENNE	200 AVE K S.E APT 200	WINTER HAVEN FL 33880

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JEAN-BART, LEOPOLD
6034 LAKE RUTH DRIVE WEST
DUNDEE FL 33838

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

200003492322-5

-12/08/00--01101--005

****236.25 ****236.25

State

FL

Zip Code

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

Leopold Jean Bart
REGISTERED AGENT MUST SIGN

Date 10-20-2000

11. 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:

Leopold Jean Bart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. LEWIS DEC 7 2000

10/20/2000

(863) 439-0927

Date

Daytime Phone #

CR2E040 (8/00)