

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 DUNDEE FL 33838~~ P.O. BOX 2779 WINTER HAVEN FL 33883

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. New Principal Office Address, If Applicable
ESAIÉ ETIENNE
Suite, Apt. #, etc. 200 AVE K S.E #200
City & State WINTER HAVEN, FL
Zip 33880 Country POLK

3. New Mailing Office Address, If Applicable
4. Date Incorporated or Qualified To Do Business in Florida 02/27/1997
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	SAIN, GETH	100 PARKER LANE	WINTER HAVEN FL 33881
T	ESAIÉ ETIENNE	200 AVE K S.E APT 200	WINTER HAVEN FL 33880

8. Name and Address of Current Registered Agent
JEAN-BART, LEOPOLD
6034 LAKE RUTH DRIVE WEST
DUNDEE FL 33838

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 200003492322--5
Suite, Apt. #, Etc. -12/08/00--01101--005
City State Zip Code
FL

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 Date 10-20-2000
REGISTERED AGENT MUST SIGN

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 T. LEWIS DEC 7 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 10/20/2000 (863) 439-0927
Date Daytime Phone #

CR2E040 (8/00)