

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 21 PM 1:02

DOCUMENT # N970000007081

1. Corporation Name

Church DU
BON SAMARITAIN, INC.

2. Principal Office Address

1251 S.W. 11th Ave

Suite, Apt. #, etc.

Deerfield Bch FL

City & State

3. Mailing Office Address

1251 S.W. 11th Ave

Suite, Apt. #, etc.

Deerfield Bch FL

City & State

Zip

33441

Country

USA

Zip

33441

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/22/97

5. FEI Number

Applied For

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-00

7. Name and Address of Current Registered Agent

Name

JEAN CLAUDE PAUL

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

1251 S.W. 11th Ave

Suite, Apt. #, Etc.

City

Deerfield Bch, FL 33441

State

FL

Zip Code

33441

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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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/5/00

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 / State / Zip
D	PAUL, Jean-Claude	1251 S.W. 11th Ave	Deerfield, FL 33441
D	Desire, Ivose	1251 S.W. 11th Ave	Deerfield, FL 33441
D	Loriston, Memi	1251 S.W. 11th Ave	Deerfield, FL 33441
			6/7/28

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/05/00

Daytime Phone #

CR2E081 (9/99)