		PLEASE READ A	ALL INST	RUCT	ION	S BEFOR	RE C	OMPLETI	Meli	FRORM.			
	REINSTATEMENT				DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS				07 AUG -7 PM 1: 17 SECOLOMOSTATE TALLAHASSEE, FLORIDA				
DOCUMENT # N9800000021 1. Corporation Name MESSENGERS OF PERSEVERANCE, INC.							176						
2. Principal Office Address - No P.O. Box # 5412 EASTBAY DR 5412 E					Office Address				CR2E081 (1/07)				
Suite, Apt. #, etc. Suite, Apt. #,				etc.				Date Incorporated or Qualified To Do Business in Florida 01/05/1998					
City & State GREENACRES, FL City & State GREI				NACRES, FL				5. FEI Number 651041193 Applied For Not Applicable					
^{Zip} 3346	33463 Country USA				US	SA		6. CERTIFICATE OF STATUS DESIRED S8.75 Addition			dditional Fee rec Certificate of Sta	quire	
7. Name and Address of Current Registered Agent													
Name CHARLES ETIENNE													
								circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.					
5412 EASTBAY DR													
Suite, Apt. #, Etc.													
GREENACRES, FL					State FL	33463	9						
8. I, being	appointed the	registered agent of the above	ve named corpo	ration, am	familiar	with and accep	t the ob	ligations of section	on 607.0505 ar	617.0503, F.S.	•		
Signature of Registered Agent REGISTERED AG					ENT MUST SIGN								
9. Names	s and Street A	ddresses of Each Officer and	/or Director (Flo	rida nonpro	ofit corp	orations must li	ist at lea	ast 3 directors)					
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director					City / State / Zip				
Secretary	MARIE-ANGE ETIENNE			5412 EASTBAY DI				₹	GREENACRES, FL 33463				
Treasurer	GASTON JOSEPH			636 NW 53RD AVE				<u> </u>	DELRAY-BEACH, FL 33445				
President	CHARLES ETIENNE			5412 EASTBAY DI				₹	GREENACRES, FL 33463				
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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 contained in Chapter 119, 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.

(54) 393-8898

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IGNATURE:

SIGNATURE: