

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 17 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004442

1. Corporation Name

MISSION EVANGELIQUE DU CHRISTIANISME, INC.

Principal Place of Business

3610 NW 21ST STREET, ROOM 312
LAUDERDALE LAKES FL 33311

Mailing Address

2201 NW 41ST AVENUE
#301
LAUDERHILL FL 33313
SU



REINSTATEMENT

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

2. New Principal Office Address, If Applicable
535 NW 54th St.

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/29/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0717889

Applied For

Not Applicable

City & State

MIAMI FL

City & State

Zip

Country

33127 US

Zip

Country

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	4 City / State / Zip
DP	JOSEPH, KERSAINT	3610 NW 21ST STREET, ROOM 312 2201 NW 41 AVE #301	LAUDERDALE LAKES FL 33311 LAUDERHILL FL 33313
DV	FELISAINT, DELICE	20 NW 122ND STREET	MIAMI FL 33168
D	ST FELIX, FANDOR	3610 NW 21ST ST #312	LAUDERDALE LAKES FL 33311
D	FLEURIMONT, RAMICOIS	1610 NE 10TH COURT	NORTH MIAMI FL 33162
200008867032 11/07/02--01053--017 **\$2.00 200008867032 12/23/02--01063--006 **\$295.50			

8. Name and Address of Current Registered Agent

KERSAINT, JOSEPH
3610 NW 21ST STREET, ROOM 312
LAUDERDALE LAKES FL 33311

9. Name and Address of New Registered Agent

Name KERSAINT, JOSEPH
Street Address (P.O. Box Number is Not Acceptable)
2201 NW 41ST AVE # 301
Suite, Apt. #, Etc.
LAUDERHILL FL 33313
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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

1/14/03

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:

SIGNATURE REQUIRED
KERSAINT, JOSEPH

Date

Daytime Phone #

10/26/02