

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N98000007115

1. Entity Name
EGLISE DE DIEU LE SUR REFUGE, INC.



05 DEC -2 AM 10:51

SEC. STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13735 N.W. 4TH COURT
MIAMI, FL 33168

Mailing Address
13735 N.W. 4TH COURT
MIAMI, FL 33168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09282005 REIN-NP

CR2E099 (6/04)

4. FEI Number
65-0955299

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESIR, PIERRE L REV
13735 N.W. 4TH COURT
MIAMI, FL 33168

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME DESIR, PIERRE L REV ☐ Delete
STREET ADDRESS 13735 N.W. 4TH COURT
CITY-ST-ZIP MIAMI, FL 33168

TITLE T
NAME SEJOUR, HERNO ☐ Delete
STREET ADDRESS 1019 NW 85 STREET
CITY-ST-ZIP MIAMI, FL 33147

TITLE T
NAME DESIR, ROSENETTE ☐ Delete
STREET ADDRESS 13735 N.W. 4TH COURT
CITY-ST-ZIP MIAMI, FL 33168

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000061870250
12/02/05--01051--014 **245.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pierre L Desir
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #