

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 15 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NP1000000384**
1. Corporation Name
Eglise Du Nouveau Testament, Inc.
(Church of the New Testament, Inc.)

2. Principal Office Address
1110 NW 126 St.
Suite, Apt. #, etc.
City & State
North Miami, FL
Zip
33168 Country
USA

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT **00**
4. Date Incorporated or Qualified To Do Business in Florida
3-1-99 **SP**
5. FEI Number Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75. Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name
SIMON DAUX
Street Address (P.O. Box Number is Not Acceptable)
1110 NW 126 St.
Suite, Apt. #, Etc.
City
North Miami
State
FL Zip Code
33168

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]** Date **11-15-00**
REGISTERED AGENT MUST SIGN

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
P/D	Simon Daux	1110 NW 126 St	North Miami, FL 33168
X/P/D	Carmen Daux	1110 NW 126 St	North Miami, FL 33168
S/H/D	Osthene Joseph	12155 NE MIAMI CT	North Miami, FL 33168

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]** **11/15/00** **305-759-1293**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)