

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

01 MAR 27 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # 799000003691  
1. Corporation Name  
Eglise Baptiste d'Norma Inc.

2. Principal Office Address  
1065 NE 43 Th St  
Suite, Apt. #, etc.

3. Mailing Office Address  
1065 N W 45th St.  
Suite, Apt. #, etc.

City & State  
Fort Lauderdale FLA  
Zip  
33334  
Country  
USA.

City & State  
Orlando FL.  
Zip  
32834  
Country  
FL.

4. Date Incorporated or Qualified To Do Business in Florida  
06/16/99  
5. FEI Number 65-0928771  
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 past Marc I Jeannelus  
Street Address (P.O. Box Number is Not Acceptable)  
1851 N W 46th Ave  
Suite, Apt. #, Etc.  
Apt F-310  
City  
Lauder Hill FLA.  
State  
FL  
Zip  
33313

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 02/21/01  
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
	<u>past Marc I Jeannelus</u>	<u>1851 N W 46th Ave</u>	<u>Lauder Hill FLA 33313</u>
<u>T.</u>	<u>Djeudace Feire</u>	<u>1735 NE 180 St</u>	<u>Miami FL 33162</u>
<u>T.</u>	<u>Leriston Louis</u>	<u>310 N W 43 St</u>	<u>Fort Lauderdale FL 33309</u>
<u>D.</u>	<u>Saintilus Jeannelus</u>	<u>181 N W 45 Ct</u>	<u>Orlando FL 32809</u>
<u>D.</u>	<u>Edman Jeannelus</u>	<u>1851 N W 46 Ave</u>	<u>Lauder Hill 33313</u>

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] MARCI JEANNELUS  
Date 02/21/01 954/552-1729  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2ED81 (9/00)