

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 10 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N9900003691**

1. Corporation Name

Eglise Baptiste D'Horma, Inc.

2. Principal Office Address

1065 NE 43 St.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Oakland Pk, Fl

City & State

Zip

33334

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/19/99

5. FEI Number

65-0928177

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

Pastor Marc I. Jeannelus

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

192 SW 37 Ave.,

Suite, Apt. #, Etc.

City

Ft. Ld

State

FL

Zip Code

33312

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]

REGISTERED AGENT MUST SIGN

Date

8/4/05

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	Marc I. Jeannelus	192 SW 37 Ave.	Ft. Ld
VP/D	Wilkins Jeannelus	3320 Jackson Blvd.	Ft. Ld.
D	Renita Laumand	3340 Barkey Blvd.	Ft. Ld.
D	Gerard Baptiste, Jr	6134 NW 18th St	Sunrise
D	Idman Jeannelus	3690 SW 2 St.	Ft. Ld.

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] MARC I JEANNELUS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/4/05

Daytime Phone #

954 709-7308

CR2E081 (01/05)