

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL 30 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004255

1. Corporation Name *Eglise Baptiste Immanuel Des
freres Unis, Inc.*

Immanuel Baptist Church of United Brothers

2. Principal Office Address
1171 NW 61 Avenue
Suite, Apt. #, etc.

3. Mailing Office Address
*SUNRISE LAKES DRIVE Apt 201
SUNRISE FLA 33322*
Suite, Apt. #, etc.

City & State
Sunrise, Florida

City & State
SUNRISE Florida

Zip Country
33373

Zip Country
33322

REINSTATEMENT 00-02

08/22/00 90220 032 750

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-1020507

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
Rev Robert Chery
Street Address (P.O. Box Number is Not Acceptable)
1275 N.E 1335t
Suite, Apt. #, Etc.
City
North Miami

400006880404 --2
-08/05/02--01002--002
*****358.75 ****358.75*

State Zip Code
FL *33161*

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 *5-22-02*

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
PR.	<i>Nicole Dieurestil "T"</i>	<i>1352 N.E 13 Court</i>	<i>Fort Lauderdale FL 33304</i>
V.Pr	<i>Daniel Pierre "T"</i>	<i>3813 East Woodscape Drive</i>	<i>Miramar FL 33023</i>
Director	<i>Jonathas Carasco "T"</i>	<i>SUNRISE LAKES DRIVE Apt 201</i>	<i>SUNRISE, FLA 33322</i>
Secretary	<i>Fritz Almonde</i>	<i>3920 N.W 34 TER</i>	<i>Fort Lauderdale FL 33309</i>
Treasurer	<i>Misrael Chery</i>	<i>1771 N.W 2 TER</i>	<i>Pompano Beach 33060</i>
Manager	<i>Roger Pierre Louis</i>	<i>800 Oleander Drive</i>	<i>Plantation FL 33317</i>

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *5/22/02*

Daytime Phone #

CR2E081 (9/01)