

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 24 PM 1:16

DOCUMENT # N99000006975

1. Corporation Name

L'Eglise de Dieu de Siloe', Inc

2. Principal Office Address - No P.O. Box #
1634 Woodford Ave

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip
33901

Country
USA

3. Mailing Office Address
3064 Grand Avenue

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip
33901

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 11/22/1999

5. FEI Number
650601540

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

Jean Dajuste

Street Address (P.O. Box Number is Not Acceptable)
3064 Grand Avenue

Suite, Apt. #, Etc.

City
Fort Myers

State
FL

Zip Code
33901

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 03/18/2009

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
PT	Jean Dajuste	3064 Grand Avenue	Fort Myers, FL 33901
VPT	Geles Gouin	2048 Maravilla Circle	Fort Myers, FL 33901
ST	Marie E. Pierrelus	3319 Cypress Legends Cir Apt 728	Fort Myers, FL 33905
TT	Lubraine Racijs	4013 24th Street SW	Lehigh Acres, FL 33976
MINT	Rosemarie Casimir	1859 Hanson Street	Fort Myers, FL 33901
MINT	Fanfan Casimir	1859 Hanson Street	Fort Myers, FL 33901

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 contained in Chapter 119, 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:

Jean Dajuste

03/18/2009

239-745-0810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #