

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 14 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000002803

1. Corporation Name

Caisee D'Epargne et de Credit de L'Union
Des Cooperatives Chretiennes (CECUCCH), ONG

800012570648
02/14/03--01061--017 **131.25

2. Principal Office Address

10585 SW 109th Court

3. Mailing Office Address

PO Box 24638 GCC

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

City & State

Miami, Fl

City & State

West Palm Beach, Fl

Zip

33176

Country

US

Zip

33416

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5-21-2001

5. FEI Number

65-1114764

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

BUROSEV.

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

10585 SW 109th Court

Suite, Apt. #, Etc.

201

City

Miami

State
FL

Zip Code

33176

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

Francisco De La Paz

2-13-2003

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	Morisset, Michel	10585 SW 109th Ct #201	Miami, Fl 33176
S	Blair, Gary	1200 Ridgefield Blvd # 290	Ashville , NC 28806
T	Gilpin, Bruce	318 Sweetwater Dr	Hendersonville, NC 28791

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-03

Date

305-887-1114

Daytime Phone #

CP2E081 (10/02)

2/17

CECUCCH

February 12, 2003

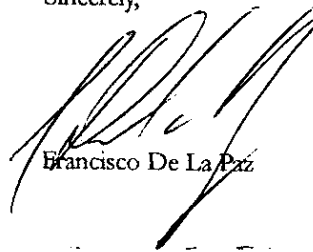
Florida Department of State
Division of Corporations
Reinstatement Section

Dear Sir or Madam:

Attached you will find reinstatement form for our entity and applicable payment, please waive penalty fee due to not having receive UBR form.

Feel free to contact me if any other information is needed.

Sincerely,



Francisco De La Paz