PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 22 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** N02000003631

**1.** Corporation Name
TEMPLE CREST HAITIAN BAPTIST CHURCH., INC.,

100038895311
07/08/04--01054--004 **175.00
REINSTATEMENT 03-04

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 8425 N. 40TH ST. | 27812 BREAKERS DRIVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: TAMPA, FLORIDA | City & State: WESLEY CHAPEL, FL |
| Zip: 33604 Country: HILLSBOROUGH | Zip: 33543 Country: PASCO |

**4.** Date Incorporated or Qualified To Do Business in Florida

**5.** FEI Number: 59-3564673 ☐ 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: JACQUES THESEE

Street Address (P.O. Box Number is Not Acceptable): 27812 BREAKERS DRIVE

Suite, Apt. #, Etc.:

City: WESLEY CHAPEL | State: FL | Zip Code: 33543

**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 5-30-04

REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

**9.** Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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 |
|---|---|---|---|
| SEC. | MARIE CARMEL THESEE | 27812 BREAKERS DRIVE | WESLEY CHAPEL, FL 33543 |
| TR. | MARLENE SAINTYL | 8425 N.40TH ST. | TAMPA, FL 33604 |
| D. | JORDANES HYPPOLITE | 4603 POMPANO DR. | TEMPLE TERRACE FL 33617 |
| | | | |
| | | | |
| | | | |

**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:** _____ M Thesee _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #