PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT -3 PM 2:56

DOCUMENT # N99000002674

1. Corporation Name

FIRST HAITIAN BAPTIST CHURCH OF NORTH LAUDERDALE, INC

REINSTATEMENT 00-01

2. Principal Office Address	**3.** Mailing Office Address
1350 SouthRState Road 7	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Lauderdale, Florida	City & State
Zip: 33068 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/30/99

5. FEI Number: 65-0433035 ☐ 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: Willem Philippi

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-10/10/01--01032--004
****306.25 ****306.25

Street Address (P.O. Box Number is Not Acceptable): 1350 South State Road 7

Suite, Apt. #, Etc.:

City: North Lauderdale | State: FL | Zip Code: 33068

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: Willem Philippi — REGISTERED AGENT MUST SIGN — Date: 10-2-01

CR2E061 (6/00)

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
PD	Philippi, Willem	1350 S. State Road 7	North Lauderdale, FL 33068
VPD	Losier, Bernard	953 Coconut Creek Parkway	Coconut Creek, FL 33063
TD	Jose Andre, Mary	953 Coconut Creek Parkway	Coconut Creek, FL 33063
SD	Lewis, Tony	953 Coconut Creek Parkway	Coconut Creek. FL 33063
D	Philippi, Jejulia	953 Coconut Creek Parkway	Coconut Creek, FL 33063
D	Colin, Orelia	953 Coconut Creek Parkway	Coconut Creek, FL 33063

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: Willem Philippi — 10-2-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #