

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 JAN 23 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300065188613
02/06/06--01005--007 **367.50

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000005014

1. Corporation Name

HAITIAN MISSION EVANGELICAL MELCHISSEDECK, INC.

2. Principal Office Address

310 SOUTH RIDGE ROAD

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FLORIDA

Zip

33444

Country

USA

3. Mailing Office Address

310 SOUTH RIDGE ROAD

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FLORIDA

Zip

33444

Country

USA

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

07/16/2001

5. FEI Number

31-1815810

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

APOLOS FONTUS

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

310 SOUTH RIDGE ROAD

Suite, Apt. #, Etc.

City

DELRAY BEACH, FLORIDA

State

FL

Zip Code

33444

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

Apolos Fontus

REGISTERED AGENT MUST SIGN

Date 01-13-2006

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	FONTHUS, APOLOS	310 SOUTH RIDGE ROAD	DELRAY BEACH, FLORIDA 33444
S/D	JEAN, MARIE A	317 SW 1ST AVENUE	DELRAY BEACH, FLORIDA 33444
T/D	FONTHUS, MARIE K.	310 SOUTH RIDGE ROAD	DELRAY BEACH, FLORIDA 33444

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:

Apolos Fontus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-13-2006

Date

(561) 272-2410

Daytime Phone #