

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 721540

1. Entity Name  
FIRST INTERDENOMINATIONAL HAITIAN CHURCH, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV -9 PM 2:47

Principal Place of Business  
5832- 60 N.E. 2ND AVE.  
MIAMI, FL 33137

Mailing Address  
5832- 60 N.E. 2ND AVE.  
MIAMI, FL 33137

**REINSTATEMENT** 05



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10082005 REIN-NP

CR2E099 (6/04)

City & State

City & State

4. FEI Number  
59-1813806

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RENESCA, ROBERT  
899 N.E. 83 STREET  
MIAMI, FL 33138

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25  
After January 1, 2006, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete  
NAME IRLIN, SAINT HILAIRE  
STREET ADDRESS 585 NW 101ST ST  
CITY-ST-ZIP MIAMI, FL 00000

TITLE TD ☒ Delete  
NAME BAPTISTE, LAROUSSE J  
STREET ADDRESS 825 NW 52ND ST  
CITY-ST-ZIP MIAMI, FL 00000

TITLE PD ☐ Delete  
NAME RENESCA, ROBERT  
STREET ADDRESS 899 N.E. 83 ST.  
CITY-ST-ZIP MIAMI, FL 00000

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Change ☒ Addition  
NAME JOSEPH SANON  
STREET ADDRESS 6811 NORTH MIAMI AVE  
CITY-ST-ZIP MIAMI, FL 33150

TITLE ☐ Change ☐ Addition  
NAME 900060627579  
STREET ADDRESS 10/14/05--01056--001 \*\*175.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 900060627579  
STREET ADDRESS 11/09/05--01038--001 \*\*61.25  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-08-05 786-247-7477 ext. 305-757-7892