

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 28 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #N 00000000553

1. Corporation Name

Orlando HAITIAN BAPTIST-
MINISTRY OF ELIMINATING

500011129245
01/28/03--01040--030 **192.50

2. Principal Office Address

5579 Breckenridge P. O Box 55/222

Suite, Apt. #, etc.

Orlando

City & State

Orlando

Zip

32818

Country

USA

3. Mailing Office Address

P. O Box 55/222

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32805

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01-21-2000

5. FEI Number

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

Rev. Calixte Francis

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

5579 Breckenridge Circle Orlando

Suite, Apt. #, Etc.

City

Orlando

FL

State

FL

Zip Code

32818

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

REGISTERED AGENT MUST SIGN

Date 03-23-03

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
D	Rev. Calixte Francis	5579 Breckenridge Circle	Orl. FL 32818
D	Sister Altogene Francis	5579 Breckenridge Circle	Orl. FL 32818
T	Jean Michel Augustin	5167 Underlane	Orl. FL 32818
T	MARIE Reynold THERMIDOR	4240 Dunwoodie	Orl. FL 32839

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:

Rev. Calixte Francis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-03

Date

Daytime Phone #

CR2E081 (9/01)

01-23-03.

To Whom It may concern

Reu. Orlante FRANCO

with Orlando HAITIAN ministry
of ELIM. INC.

Document 000000000 553

I NEVER received the Annual
report letter Form For 2001

GOD bless AMERICA

P. OBOX 551222

Orlando FL 32805

