

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 10 PM 1:48

DOCUMENT # N00000006832

1. Corporation Name

HAITIAN JUBILEE MINISTRIES INC.

Principal Place of Business

PO BOX 245836
PEMBROKE PINES FL 33024

Mailing Address

PO BOX 245836
PEMBROKE PINES FL 33024



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/2000

5. FEI Number

65-1050901

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Chairman D	Dominique St Fleur	3923 Lake Worth RD#215	Lake Worth, FL. 33461
Counselor T	Rev. Emmanuel Cesar	22612 SW 65th WAY	Boca Raton. FL. 33028
Secretary T	Rachel Valcin	5614 SW 36th Street	Hollywood, FL. 33023
Treasury T	Ismanie Valcin	5614 SW 36th Street	Hollywood, FL. 33023

8. Name and Address of Current Registered Agent

ST. FLEUR, DOMINIQUE
3923 LAKE WORTH ROAD STE 215
LAKE WORTH FL 33461

9. Name and Address of New Registered Agent

Name Dominique St Fleur

Street Address (P.O. Box Number is Not Acceptable)
3923 Lake Worth, RD#215

Suite, Apt. #, Etc.

215

City

Lake Worth,

State

FL

Zip Code

33461

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE OF REGISTERED AGENT MUST SIGN

Date 10/19/01

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/01

Date

Daytime Phone #

202

Haitian Jubilee Ministries Inc.
P.O. Box 245836
Pembroke Pines, FL. 33024
Tel: (561) 964-8068 - (954) 967-0825

We, the members of Haitians jubilee Ministries Inc., certify that we did not receive the financial Report form. It might has been returned to the post Office. We request for the reinstatement of the organization.

Thank you!

Dominique St. Fleur
Chairman

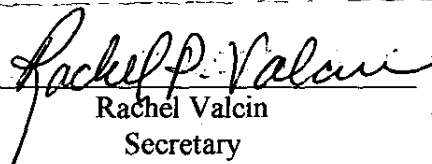
Joel Deneus
Vice chairman

Isemanie Valcin
Treasury

Rev. Emmanuel Cesar
Counselor

Rev. Goner Charles
Counselor

For the committee:


Rachel Valcin
Secretary