

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAY 31 PM 3:13

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008542

1. Corporation Name

FIRST HAITIAN FREEMETHODIST  
CHURCH, INC.

600104255556  
06/12/07--01012--015 \*\*481.25

2. Principal Office Address

6500 N. MIAMI AVE

3. Mailing Office Address

6500 N MIAMI AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33150

Country

US

Zip

33150

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

12/28/00

5. FEI Number

NONE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-07

7. Name and Address of Current Registered Agent

Name

Pablo G. Martinez

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

4203 N. Nebraska Ave.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33603

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

*Pablo G. Martinez*

REGISTERED AGENT MUST SIGN

Date

4-12-2007

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	CHERY, JUDE	6500 N. MIAMI AVE	MIAMI FL 33150
T	DARIUS, FILS	6500 N. MIAMI AVE	MIAMI FL 33150
T	RICHEMOND, ALTEME	6500 N. MIAMI AVE	MIAMI FL 33150
	<i>[Signature]</i>		

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:

*Fils Darius*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/22/06

Date

(786) 457-0640

Daytime Phone #