
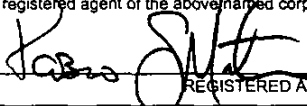
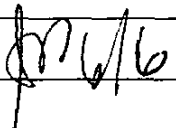


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 MAY 31 PM 3:13 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA 600104255556 06/12/07--01012--015 **481.25	
DOCUMENT # N 000000008542					
1. Corporation Name FIRST HAITIAN FREE METHODIST CHURCH, INC.					
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 <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
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 				Date 4-12-2007	
REGISTERED AGENT MUST SIGN					
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		
					
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: Filis Darius				09/22/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone # (786) 457-0640	