

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR -1 AM 9:01

DOCUMENT # N00000008542

1. Corporation Name

FIRST HAITIAN FREE METHODIST CURCH, INC

2. Principal Office Address - No P.O. Box #

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

Zip

33150

Country

500148290685

04/01/09--01034--011 **61.25

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/2000

5. FEI Number
NOT APPLICABLE

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

MARTINEZ, PABLO G

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

4203 N NEBRASKA AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33603

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

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	ALTEME, RICHEMOND	6500 N MIAMI AVE	MIAMI, FL 33150
T	DARIUS, FILS-AIME	6500 N MIAMI AVE	MIAMI, FL 33150
T	FONTUS, JEAN	6500 N MIAM AVE	MIAMI, FL 33150

09 BZ 4/16/09

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/09

Date

(786) 457-0640

Daytime Phone #