

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 12 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008542

1. Corporation Name

FIRST HAITIAN FREE METHODIST CHURCH,  
INC.

400012386214  
02/12/03--01046--007 \*\*297.50

**REINSTATEMENT 01-02**

2. Principal Office Address

6500 N MIAMI AVE

Suite, Apt. #, etc.

3. Mailing Office Address

6500 N MIAMI AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FL

Zip

33150

Country

Zip

33150

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/01/02

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

KAUFMANN, BRUCE G. JR.

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

18353 79th Ave N

Suite, Apt. #, Etc.

Seminole, FLORIDA

City

State  
**FL**

Zip Code

33777

800010958788

01/27/03--01064--015 \*\*236.25

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 Bruce Kaufmann Jr.  
REGISTERED AGENT MUST SIGN

Date 01/23/2003

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
	<u>T CHERY, JUDE</u>	<u>6500 N. Miami AVE</u>	<u>Miami, FL 33150</u>
	<u>T ALTEME, RICHEMOND</u>	<u>6500 N. Miami AVE</u>	<u>Miami, FL 33150</u>
	<u>T DARIUS, FILS-AIME</u>	<u>6500 N. Miami AVE</u>	<u>Miami, FL 33150</u>

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: Richmond Altme  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/01/02 305-681-9276  
Date Daytime Phone #

CR2E081 (9/01)



FLORIDA DEPARTMENT OF STATE  
Ken Detzner  
Secretary of State

January 28, 2003

FIRST HAITIAN FREE METHODIST CHURCH, INC.  
6500 N. MIAMI AVE.  
MIAMI, FL 33150

SUBJECT: FIRST HAITIAN FREE METHODIST CHURCH, INC.  
Ref. Number: N0000008542

We have received your document for FIRST HAITIAN FREE METHODIST CHURCH, INC. and your check(s) totaling \$236.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because your reinstatement was not completed in time for you to receive a annual report form/uniform business report, we must collect the fee(s) due for the current calendar year. Therefore, the total amount due to reinstate the entity is \$297.50.

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 203A00005222