PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -9 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003383

1. Corporation Name
EVANGELICAL HAITIAN church

2. Principal Office Address		**3.** Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
1320 Trade Winds Way		1320 Trade Winds Way	
City & State		City & State	
Lantana Fl		Lantana Fl	
Zip	Country	Zip	Country
33462	U.S.A	33462	U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number N/A — 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
Roosevelt Pierre-Louis

Street Address (P.O. Box Number is Not Acceptable)
600046928556
02/21/05 01025 013 **61.25

Suite, Apt. #, Etc.
1320 Trade-Winds WAY

City
Lantana Fl

State: FL — Zip Code: 33462

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 Roosevelt Pierre Louis — Date 10-27-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
C	Joann Pierre Louis	A st 32 Lake Worth	Lake Worth Fl 33463
M	sherry Pierre-Louis	1340 Trade Winds Lane	Lantantana Fl 33462
V	Gregory Pierre Louis	1260 Lake Worth	Lake Worth 33463
S	Clercifie Pierre Louis	1316 Lantantana	Lantantana 33462
D	Roosevelt Pierre-Louis	1320 Trade Winds WAY	Lantana Fl 33462

000042492720
11/04/04--01058--008 **236.25

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: Roosevelt Pierre-Louis — 10-27-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #