

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/22

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 22 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001 00000 3383

1. Corporation Name

Evangelical Haitian church inc

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

1320 Trade Winds Way

Lantana FL

33462

FL

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/2001

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

Roosevelt Pierre-Louis

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

1320 Trade Winds Way

Suite, Apt. #, Etc.

City

Lantana

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

REGISTERED AGENT MUST SIGN

Date

10-24-06

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
T	Joann Pierre-Louis	1320 Trade Winds Way	Lantana FL 33462
V	Sherry Pierre-Louis	1402 W Perry St	Lantana FL 33462
S	Gregory Pierre-Louis	1201 W Drew St	Lantana FL 33462
P	Clairee Marie Saint-Vil	1403 W Kings St	Lantana FL 33462
D/M	Roosevelt Pierre-Louis	1001 Pine St	Lantana FL 33462

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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:

Roosevelt Pierre-Louis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-06

Date

561-540-3688

Daytime Phone #


2082

To Whom It May Concern:

10-24-06

My name is Roosevelt Pierre Louis and I am writing this letter to waive my reinstatement fee. I did not receive my annual report for the 2006, and therefore I was terminated out of the corporation. So in my application I will send my annual report fee and not the reinstatement fee and hoping that it will be waived. Thank you for your cooperation and if you have any questions or concern please contact me at the number below.

Sincerely,


Roosevelt Pierre-Louis
(561) 540-3688
(561) 577-8044