

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 19 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02-03

DOCUMENT # N01000003383

1. Corporation Name

EVAGELICAL HAITIAN CHURCH,
INC.

2. Principal Office Address

1402 W Perry St

Suite, Apt. #, etc.

City & State

Lantana

Zip

33462

Country

FL

3. Mailing Office Address

Suite, Apt. #, etc.

1402 W Perry St

City & State

Lantana

Zip

33462

Country

FL

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

3/20/02 90013 028-0125

7. Name and Address of Current Registered Agent

Name

Roosevelt Pierre Louis

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

1402 W Perry

Suite, Apt. #, Etc.

City

Lantana FL 33462

200021081712

06/23/03--01076--001 **61.25

200021081712

06/23/03--01076--002 **61.25

200021081712

06/23/03--01076--003 **114.00

FL 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 5-20-03

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
RV	Roosevelt Pierre Louis	1402 W Perry	Lantana FL 33462
Member	John Pierre Louis	1402 W Perry	Lantana FL 33462
Member	Sherry Pierre Louis	1402 W Perry	Lantana FL 33462
Member	Clergie Pierre Louis	1402 W Perry	Lantana FL 33462
M			

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-03 (561) 3423688

Date Daytime Phone #

CR2E081 (10/02)