

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

05 JAN 25 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000006394**

1. Corporation Name

**Eglise Baptiste Haitienne
Benée**

2. Principal Office Address

1365 N.E. 143 St.

Suite, Apt. #, etc.

3. Mailing Office Address

1220 N.W. 122 St.

Suite, Apt. #, etc.

City & State

Miami, FL 33161

Zip
33161

Country

City & State

Miami, Florida

Zip

33167

Country

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 10th, 2001

5. FEI Number

65-1116464

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

9000 45965669

Name

SAINT-LOUIS JOSEPH

02/03/05--01013--008 **178.50

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

1220 N.W. 122 Street

Suite, Apt. #, Etc.

City

Miami

State

Zip Code

City

State

Zip Code

City

State

Zip Code

City

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0508, F.S. **178.50

Signature of Registered Agent

Saint-Louis Joseph

REGISTERED AGENT MUST SIGN

Date **01/18/2005**

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
D	Rev. SAINT-L. Joseph	1220 N.W. 122 St.	Miami, FL 33167
A.D	Rev. Michel Sévère	125 NE 121 Ter.	Miami, FL 33161
S	Nicole Mathurin	127 N.E. 129 St	Miami, FL 33161
T	MARIE N. BOUCARD	14700 NE 8 th Ct	Miami, FL 33161
M	LAUSANA Joseph	1220 N.W. 122 St.	Miami, FL 33167
M	ONEI JOVIN	10620 NW 2 nd Ct	Miami, FL 33150

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:

Saint-Louis Joseph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/2005
Date

786 488 2111
Daytime Phone #

9000 45965669
02/03/05--01013--007 **119.81

CR2001 (01/05)