

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 JAN 13 AM 8:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N01000006394**

1. Corporation Name

EGLISE BAPTISTE HAITIENNE BERE, INC.

600010062406
 01/13/03--01097--027 **8.75



REINSTATEMENT
 600010062406 02
 01/13/03--01097--026 **236.25

Principal Place of Business

Mailing Address

1365 NE 143 ST
 N MIAMI FL 33161

1365 NE 143 ST
 N MIAMI FL 33161

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

P. JOSEPH SAINT-LOUIS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1155 NE 137 #504A

City & State

City & State

Miami, Florida 33161

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/10/2001

5. FEI Number

65-1116464

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	JOSEPH, SAINT-LOUIS	1365 NE 143 ST	N MIAMI FL 33161
V	BOUCARD, CHARLES	1365 NE 143 ST	N MIAMI FL 33161
C	LIMA, PASCAL N	1365 NE 143 ST	N MIAMI FL 33161
S	MATHURIN, MARIE N	1365 NE 143 ST	N MIAMI FL 33161
T	BOUCARD, MARIE M	1365 NE 143 ST	N MIAMI FL 33161
M	JOVIN, ONEL	1365 NE 143 ST	N MIAMI FL 33161

8. Name and Address of Current Registered Agent

JOSEPH, SAINT-LOUIS
 1365 NE 143 ST
 N MIAMI FL 33161

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Joseph Saint-Louis
 REGISTERED AGENT MUST SIGN

Date

01/05/2003

11. 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:

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

01/05/03

786 455 2111

CPRE040 (8/02)

EGLISE BAPTISTE HAITIENNE INC

1365 N.E 143 STREET
MIAMI,FLORIDA 33161
REV.SAINT-LOUIS JOSEPH, PASTOR
786 488 2111/305 981 2620

DATE: 01/05/2003

FROM: REV.SAINT-LOUIS JOSEPH,PASTOR
C/O EGLISE BAPTISTE HAITIENNE BEREE,INC.

TO: DEPARTMENT OF STATE

RE:REINSTATEMENT CORPORATION

Dear Sir / Madam ;

We so sorry for the inconvenience, We have founded your notice on the late time of January 1st,2003 because of too many hands on my mail box, if it's possible I would like you send me the mail on my personal address.

**"1155 N.E 137 STREET # 504 A
MIAMI,FLORIDA 33161**

Sorry Sorry, I hope you understand my situation.

Thank you for your cooperation in this matter.

Rev. Saint-Louis Joseph
Rev. Saint-Louis Joseph