

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 20 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000000571

1. Corporation Name

FIRST HAITIAN CHURCH OF THE NAZARENE OF BRADENTON
N, INC.

Principal Place of Business

115 30TH AVE E
BRADENTON FL 34208

Mailing Address

115 30TH AVE E
BRADENTON FL 34208

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/2001

5. FEI Number

65-1142347

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	JEAN-PIERRE, WILNER	420 53 AVE E 1015 DE LEO DR SARASOTA FL 34243 S.	BRADENTON FL 34208
D	DELVA, NINOTTE	422 58 TERR E	BRADENTON FL 34203
D	RICHEMOND, JACQUES	1818 9TH AVE E, APT 64	BRADENTON FL 34208

8. Name and Address of Current Registered Agent

JEAN-PIERRE, WILNER REV
115 30TH AVE E
BRADENTON FL 34208

9. Name and Address of New Registered Agent

Name: Wilner Jean Pierre
Street Address (P.O. Box Number is Not Acceptable): 1015 DE LEO DR
Suite, Apt. #, Etc.: Sarasota
City: Florida State: FL Zip Code: 34243

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11-15-02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEAN-PIERRE WILNER

Date

11-15-02

Daytime Phone #

CR2040 (8/02)