

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 20 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 02000000785

1. Corporation Name

BETHESDA HAITIAN BAPTIST Church, INC

700038358767
09/22/04--01017--003 **70.00

2. Principal Office Address

4371 34th Street

3. Mailing Office Address

P.O. Box 5931

700038358767
06/28/04--01067--008 **236.25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT

03-04

City & State

ST-Petersburg

City & State

ST-Petersburg, FL

4. Date Incorporated or Qualified To Do Business in Florida 9 24 02

5. FEI Number

06-1650647

Applied For

Not Applicable

Zip Country Zip Country
33711 U.S.A 33733 U.S.A

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name REGINAL PAUL

Street Address (P.O. Box Number is Not Acceptable)
642 37th AVE South

Suite, Apt. #, Etc.

City ST-Petersburg

State Zip Code
FL 33705

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

REGISTERED AGENT MUST SIGN

Date 7 27 04

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
Chairman	REGINAL PAUL	642 37 th AVE SO ST-Petersburg, FL 3	ST-Pete-Fl 33733
Conselor	MIREILLE PAUL	642 37 th AVE SO	ST-Petersburg, FL 33733
President of the Board	DIANA ALEXIS	2075 N Highwood Ave	Clearwater FL 33755

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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

6 17 04 722 502 5736
Date Daytime Phone #

CR2E081 (10/02)