

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005093

1. Corporation Name

EGLISE BAPTISTE HATIENCE DE SALEM INC

2. Principal Office Address

519 TOCCOA ROAD

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33415

Country

PALM BEACH

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT
CR2E081(8/05)

03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/01/2002

5. FEI Number

54-2064140

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHARLES, GOMERE

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

519 TOCCOA ROAD

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33413

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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

Date

REGISTERED AGENT MUST SIGN

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	JEAN JOSEPH	5020 SANCTUARY WAY, APT A	WEST PALM BEACH, FL 33417
D	PIERRE JOSEPH	855 JOG ROAD	WEST PALM BEACH, FL 33415
D	GOMERE CHARLES	519 TOCCOA ROAD	WEST PALM BEACH, FL 33413
D	MILCA JEAN BAPTISTE	621 CENTER STREET	JUPITER, FL 33458
D	JEAN ROBERT NOCENT	4326 NORTH MARY CIRCLE	PALM BEACH GARDENS, FL 33410
			DR 10/24

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/05