

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

8/10/07

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN -2 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03000000253**

1. Corporation Name

Haiti Mission Work Corp.

2. Principal Office Address

1261 NW 34th St.

Suite, Apt. #, etc.

(Church of Christ Building)

City & State

Winter Haven, FL

Zip

33881

Country

Polk County

3. Mailing Office Address

P.O. Box 3076

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33801

Country

Polk County

REINSTATEMENT

CR2E081 (12/05)

25-09

4. Date Incorporated or Qualified
To Do Business in Florida

Jan 2003

5. FEI Number

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

Jean Monereau

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

535 Ellerbe Way

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33801

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

Jean Monereau

REGISTERED AGENT MUST SIGN

Date

5/29/09

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
President	Jean Monereau	535 Ellerbe Way	Lakeland, FL 33801
Pastor	Enock Louis Jodely		FL 33801
Pastor	Jodely E. Louis	127 Auburn Rd	Auburndale, FL 33801
Secretary	Danielle Isaac	1347 Fairway Dr	Lakeland, FL 33801
Treasurer	Amy Isaac	1347 Fairway Dr	Lakeland, FL 33801
Advisor	Mr & Mrs Louis Berthold	8517 Miramar Pk	Miramar, FL 33025

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 contained in Chapter 119, 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:

Jean Monereau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/09

Date

(813) 602-1402

Daytime Phone #

h/5en

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Haiti Mission Work Corp

N03000000253

To whom it may concern,

As per the most recent phone conversation, I was instructed to include this explanation letter with our payment. The reason why our mission work activities have ceased; and the non-profit has not functioned for so long is because of the kidnappings and the long period of insecurity in Haiti. Furthermore, our address was changed and we have not received your letters or annual registration post cards. We are no longer in South Florida, but rather in Central Florida. Please be advised that the Corporation has not solicited for contributions throughout these years. Moreover, the lack of finance resulted in our losing even our website.

We are humbly requesting your office to waive the reinstatement fee that we may resume our mission work activities in Haiti. Enclosed, please find a check in the amount of \$358.75. We rely on your office to help us resume our mission work programs.

Truly yours,


Jean Monereau

President, Minister & student nurse

jean.monereau.0623@elearning.polk.edu

(863) 602-1402 or (863) 808- 8370