

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO3000005653
1. Corporation Name
EVANGELICAL MISSION CHARITY, AND
DEVELOPMENT INC.
EMCD.

2. Principal Office Address - No P.O. Box #
870 S.W. 63rd terrace
Suite, Apt. #, etc.

City & State
N. LAUDERDALE, FL
Zip
33068 Country
Broward

3. Mailing Office Address
1939A McDADE RD
Suite, Apt. #, etc.

City & State
HEPHZIBAH, GA
Zip
30815 Country
Richmond

FILED
10 FEB 22 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/23/10--01002--017 ***245.00

REINSTATEMENT 07-10

4. Date Incorporated or Qualified
To Do Business in Florida 05-19-2003
5. FEI Number 35-2194487 ☒ 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
PIERRE GASPARD
Street Address (P.O. Box Number is Not Acceptable)
870 S.W. 63rd
Suite, Apt. #, Etc.
City
N. LAUDERDALE State
FL Zip Code
33068

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 Pierre F. Gaspard
REGISTERED AGENT MUST SIGN

Date 02-14-2010

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
P.	PIERRE F. GASPARD	870 S.W. 63 rd terrace	N. LAUDERDALE, FL 33068
V.P.	VARNITHE RICHARD	195 PINE TRAIL RD	FAYETTEVILLE, GA 30214
SEC.	WIKENNE HYPOLITE	870 S.W. 63 rd TERRACE	N. LAUDERDALE, FL 33068
T.R.	VARNA ALCINEUS	1939A McDADE RD	HEPHZIBAH, GA 30815

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: Pierre F. Gaspard PIERRE F. GASPARD 02-14-10 706-305-7655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #