

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 29 AM 9:41

DOCUMENT # N03000007504

1. Corporation Name
First Haitian Baptist Church INC.

KS
REINSTATEMENT 04-10

2. Principal Office Address - No P.O. Box #
317 61st Avenue E.
Suite, Apt. #, etc.

3. Mailing Office Address
317 61st Avenue E.
Suite, Apt. #, etc.

City & State
Bradenton FL
Zip Country
34203

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Bradenton FL
Zip Country
34203

4. Date Incorporated or Qualified
To Do Business in Florida

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
Villaine Dieujoste
Street Address (P.O. Box Number is Not Acceptable)
1419 28th St West
Suite, Apt. #, Etc.

City
Bradenton
State
FL
Zip Code
34205

400186004664
09/29/10--01003--005 **603.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9/23/10

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	Villaine Dieujoste	1419 28th St West Bradenton FL 34205	Bradenton FL 34205
D	Bonise Dieujoste	1419 28th St West Bradenton FL 34205	Bradenton FL 34205
D	Kedra Pierre	1119 30th West Bradenton FL 34205	Bradenton FL 34205
D	Dachery Dieujoste	1419 28th St West Bradenton FL 34205	Bradenton FL 34205
D	Esperance Jean	703 37 ave E Bradenton FL 34205	Bradenton FL 34205

10. E-mail Address: N/A

(To be used for future annual report notification)

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. I further certify, 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: Villaine Dieujoste

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/23/10 (941)
447-5707