
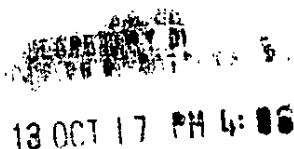


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # <u>NO 3000007504</u>					
1. Corporation Name <u>Haitian Faith Church Of God</u>					
2. Principal Office Address - No P.O. Box # <u>1419 28th St West</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>1419 28th St West</u> Suite, Apt. #, etc.			
City & State <u>Bradenton FL</u> Zip Country <u>34205</u>		City & State <u>Bradenton FL</u> Zip Country <u>34205</u>		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number <u>2.7-4462663</u>	
				6. CERTIFICATE OF STATUS DESIRED <u>600252417086</u> 10/17/13--01031--008 **131.25 <u>600252417086</u> 10/04/13--01021--008 **236.25	
7. Name and Address of Current Registered Agent Name <u>Villaine Dreyuste</u> Street Address (P.O. Box Number is Not Acceptable) <u>1419 28th St West</u> Suite, Apt. #, Etc. City <u>Bradenton</u> State <u>FL</u> Zip Code <u>34205</u>					
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 <u>9/28/2013</u> 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		
P	Barbise Dreyuste	1419 28th Street West	Bradenton FL 34205		
V	Vernon Prudent	3021 Goodrich Ave	Sarasota FL 34234		
C	Dickson Dreyuste	2501 17th Street W	Bradenton FL 34203		
S	Barbra Pierre	1113 30th Street West	Bradenton FL 34205		
REINSTATEMENT		OCT 17 2013			
		R. HUNT			
10. E-mail Address: <u>piemehete65@gmail.com</u> (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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
SIGNATURE: <u>Villaine Dreyuste</u>		Date <u>9/28/2013</u> Daytime Phone <u>(941) 447-5707</u>			