PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 SEP 18 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800109557578
09/18/07--01014--010 **420.00

CR2E081 (12/05)

DOCUMENT # N03000009684

1. Corporation Name
Haines City First Haitian Church OF the Nazarene, Inc

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 1500 Robinson DR | 801 South 14th St |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Haines City, FL | City & State: Haines City, FL |
| Zip: 33844 Country: USA, Polk | Zip: 33844 Country: Polk |

4. Date Incorporated or Qualified To Do Business in Florida: 10/29/03

5. FEI Number: 56-2311917 ☐ 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: Rev. Benito Renelus
Street Address (P.O. Box Number is Not Acceptable): 2012 Avenue "D" SW
Suite, Apt. #, Etc.:
City: Winter Haven State: FL Zip Code: 33880

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: Benito Renelus Date: 9/9/07
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 | Benito Renelus | 2012 Ave "D" SW | Winter Haven, FL 33880 |
| SD | Jean O. Bernard | P.O. Box 3425 | Haines City, FL 33845 |
| VP | Roseline Cenevil | 1109 Leone Drive | Haines City, FL 33844 |
| TD | Myrnese Celiscar | 1115 Hillcrest Drive NE | Winter Haven, FL 33881 |
| | REINSTATEMENT 09-07 | | |
| | RH | | |

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.

863-521-5321 cell

SIGNATURE: Benito Renelus - BENITO Renelus 9/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #