

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 23 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO4000002073

1. Corporation Name

FT. PIERCE HAITIAN UNITED
MEHODIST CHURCH, INC..

1089 223855

700159425797
08/10/09--01046--013 **253.75

REINSTATEMENT 05-09

2. Principal Office Address - No P.O. Box #

735 Orange Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 2671

Suite, Apt. #, etc.

City & State

Fort Pierce

City & State

Fort Pierce

Zip

34950

Country

St. Lucie C.

Zip

34950

Country

St. Lucie C.

4. Date Incorporated or Qualified
To Do Business in Florida

May 14, 2004

5. FEI Number

N 04000002073

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒
85-8013196941C-1

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dr. Joane's MARTIN

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

735 Orange Ave

Suite, Apt. #, Etc.

Ph (772) 940-6728

City

Fort Pierce

State

FL

Zip Code

34950

501(C)3 Org

☐ 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

Date 11-15-09

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
PAST	Rev. Joanes Martin	1798 SE Floresta Dr.	Port St. Lucie 3498
Sec.	Duclona Esquibel	75 Virginia Park BLDV	Fort Pierce FL 34947
Treas.	Madelene Devarel	1261 SW Sudder Aven	Port St. Lucie FL 34953

11/23

05/07/09--01011--028 **236.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-09

Date

Daytime Phone #