

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

12 MAR 13 AM 10:45

DOCUMENT # **N05540**

1. Corporation Name  
**EVANGELICAL HAITIAN CHURCH OF  
FLORIDA, INC**  
**W12 — 11258**

2. Principal Office Address - No P.O. Box #  
**12655 NE 1ST AVE**

3. Mailing Office Address  
**SAME**

Suite, Apt. #, etc.  
**—**

Suite, Apt. #, etc.

City & State  
**MIAMI FLORIDA**

City & State

Zip  
**33161**

Country  
**USA**

Zip

Country

**REINSTATEMENT 08-12**

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida  
**10-08-1984**

5. FEI Number  
**59-2513089**

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  
**MARC ST HUBERT**

Street Address (P.O. Box Number is Not Acceptable)  
**12655 NE 1ST AVENUE**

Suite, Apt. #, Etc.  
**—**

City  
**MIAMI**

State  
**FL**

Zip Code  
**33161**

**400222961604**  
02/24/12--01042--008 \*\*428.75

**400222961604**  
03/13/12--01005--001 \*\*61.25

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 **x [Signature]**  
REGISTERED AGENT MUST SIGN

Date **02-16-2012**

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
PDC	REV MARC ST HUBERT	12655 NE 1ST AVE	MIAMI FL 33161
TD	GESPER JOSEPH	12655 NE 1ST AVE	MIAMI FL 33161
VPD:	JEAN ST HUBERT	19801 NE 10TH PLACE	MIAMI FL 33162
D	GESNER OCEAN	12655 NE 1ST AVE	MIAMI FL 33161
SD	CASSANDRE PIERRE-LOUIS	15800 NE 4TH AVE	MIAMI FL 33162

10. E-mail Address: **AMUTHRA@YAHOO.COM**

(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: **x [Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02-16-2012**

Daytime Phone #

MAR 13 2012