

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY -1 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N06000004805**

1. Corporation Name

**Covenant Haitian Missionary
Baptist Church, inc.**

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

4928 Old Winter Garden Rd.

Suite, Apt. #, etc.

Orlando FL 32811

City & State

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

USA

Zip

Country

000155147710

05/01/09--01064--007 **184.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

5/1/2006

5. FEI Number

41-2142764

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

Bishop Ouanelus Arrios

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

4025 Longworth Loop

Suite, Apt. #, Etc.

Kissimmee FL 34744

City

State

FL

Zip Code

☒ 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

B. Arrios
REGISTERED AGENT MUST SIGN

Date **4/22/09**

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	Bishop Ouanelus Arrios	4025 Longworth Loop	Kissimmee FL 34744
VP	Dr. Andrew N. Lord	661 W. Landcaster Rd	Orlando FL 32809
T	Marie Ange Adolphe	4025 Longworth Loop	Kissimmee FL 34744
S	Taeulonda Johnson	1715 E Michigan Ave	Kissimmee FL 34744
DD	Roiselet Jean	13744 Eden Isle Awd	Windermere FL 34786

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: **Bishop Ouanelus Arrios**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/09 407-914-3108

Date Daytime Phone #