

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAY 13 PM 12:13

**DOCUMENT # N06000005814**

1. Corporation Name

Haiti Gospel Mission, Inc.

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

516 Stokes Lane

Suite, Apt. #, etc.

City & State

Grifton NC

Zip

28530

Country

USA

3. Mailing Office Address

134 Watson Dr

Suite, Apt. #, etc.

City & State

Bremen GA

Zip

30110

Country

USA

900172224089  
03/15/10--01062--014 \*\*297.50  
CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida 5/30/2006

5. FEI Number  
20-8088036

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

Joel Hess

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

3170 Airmans Dr

Suite, Apt. #, Etc.

Unit 2102 ACM

City

Fort Pierce

State

FL

Zip Code

34946

☐ 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.

900172224089  
05/12/10--01038--004 \*\*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

*Joel Hess*

REGISTERED AGENT MUST SIGN

Date 3/10/2010

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
field director	Joel Hess	3170 Airmans Dr Unit 2102 ACM	Fort Pierce FL 34946
chairman	Johnny Craft	516 Stokes Lane	Grifton NC 28530
Secretary	Sandra Craft	516 Stokes Lane	Grifton NC 28530

REINSTATEMENT 08-10 JB  
5/13/10

10. E-mail Address: casie@marlowgroup.net

(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., 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.

SIGNATURE:

*Joel Hess*

Joel Hess

3/10/2010

770-537-9779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #