

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 FEB 19 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 600000 9639

1. Corporation Name

Compassionate Ministries Inc

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

1520 NW 127 ST Miami
FL 33167

Suite, Apt. #, etc.

3. Mailing Office Address

1520 NW
127 ST Miami FL 33167

Suite, Apt. #, etc.

City & State

MIAMI Florida

Zip

33167

Country

Dade

City & State

Miami Florida

Zip

33167

Country

Dade

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 13-06

5. FEI Number

14-2010-700

☐ 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 Jean-Baptiste Leon Pierre

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

1520 NW 127 ST

Suite, Apt. #, Etc

City

Miami

State

FL

Zip Code

33167

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 02-07-2009

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
D	Jean-Baptiste L. Pierre	1520 NW 127 ST	MIAMI FL 33167
T	GISELE Bouloute	825 NE 171 Ter	Miami FL 33162
T	Glorieuse PIERRE	3520 NW 34 Ter	Lauderdale Lake 33309
REINSTATEMENT RR			
02/19/09 00144012299 02/19/09 01036-019 **183.75			

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-07-09-754-2454887

Date

Daytime Phone #