

#183.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 SEP 28 AM 8:58

STATE REINSTATEMENT

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N06000010313

1. Corporation Name

GAINESVILLE FIRST HAITIAN CHURCH OF NAZARENE, INC

2. Principal Office Address - No P.O. Box # 5020 NW 23 AVE

3. Mailing Office Address 5020 NW 23 AVE

Suite, Apt. #, etc.

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City & State GAINESVILLE, FLORIDA

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Zip Country 32606 USA

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400161084394

09/28/09 01090-008 **183.75

REINSTATEMENT 07-09

4. Date Incorporated or Qualified To Do Business in Florida OCTOBER 3, 2006

5. FEI Number 71-1008247

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 JORDANY SIMON

Street Address (P.O. Box Number is Not Acceptable) 9151 NE 116 ST

Suite, Apt. #, Etc.

City BRONSON

State FL Zip Code 32621

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

Handwritten signature of Jordany Simon

REGISTERED AGENT MUST SIGN

Date 09/24/2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Wilda, Orisme; Ruth Petit-Frere; Kerlance Simon.

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:

Handwritten signature of Kerlance Simon and typed name KERLANCE SIMON

Date 09/24/2009

Daytime Phone # (352) 745-8806

9/29