

#183.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 SEP 28 AM 8:58

SEP 28 2009
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

Suite, Apt. #, etc.

3. Mailing Office Address

5020 NW 23 AVE

Suite, Apt. #, etc.

City & State

GAINESVILLE, FLORIDA

City & State

GAINESVILLE, FLORIDA

Zip

32606

Country

USA

Zip

32606

Country

USA

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

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)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	WILDA, ORISME	5020 NW 23 AVE	GAINESVILLE, FLORIDA 32606
VP	RUTH PETIT-FRERE	5020 NW 23 AVE	GAINESVILLE, FLORIDA 32606
M	KERLANCE SIMON	5020 NW 23 AVE	GAINESVILLE, FLORIDA 32606

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:

Kerlance Simon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KERLANCE SIMON

09/24/2009

Date

(352) 745-8806

Daytime Phone #

9/29
a