PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	PORATIO	3-8-3-1-1-1-1-1-5	S	DEPART ecretary ION OF CO	of S		E		07	FILE APR 23		÷ 47	
DOCUMENT # P0000003182 1. Corporation Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA						
EGLISE DE DIEU-HAITIEN NE, INC.								300102632803 \$716/0701026004 **900.00					
2. Principsi Office Address - No P.O. Box # 3596 TAMIAMI TRAIL E. 3596 TAM					ce Address AMIAMI TRAIL E.			REMISTATE WE NO 02-07					
Suite, Apt. #, etc. UNIT 202 Suite, Apt. # UNIT								4. Date incorporated or Qualified 10 1/05/2000					
City & State PORT-CHARLOTTE, FL PORT				-CHARLOTTE, FL			L	5. FEI Number Applied For Not Applicable					
33952	2	Country U.S.A.	² 93952		U.S	Š.A.		6. CERTIFICATE	OF STATUS DES	RED √ \$8.7	5 Additio	nal Fee required cate of Status	
7. Name and Address of Current Registered Agent REV. JEAN FRITZNER THOMAS SIZE SUMMITS TREET Suite, Apt. #, Etc. State FORT CHARLOTTE 7. Name and Address of Current Registered Agent Registe								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 waited 112632803					
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 REGISTERED AGENT MUST SIGN Date													
9. Names	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					
REV.	JEAN FRITZNER THOMAS 2283 SUMMIT							TREET	PORT C	HARLO	TTE, I	FL 33948	
TREASURY	ANTHOMY FRANCOIS 18301 COCKRA						٩N	BLVD. PORT CHARLOTTE, FL 33948					
SECRETARY	JOCELYNE DOMERCANT 2				1 IV	ANHOE	Α	VE.	/E. PORT CHARLOTTE, FL 33952				
MEMBER	JEAN	21516 DOLLARD			AVE.	VE. PORT CHARLOTTE, F			FL 33954				

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 filling 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 peculiate, and mysignature shall have the same legal effect as if made under oath.

183 CYPRESS AVE.

SIGNATURE:

MEMBER DANIELLE BELFLEUR

4/7/07

941276-1384

Daytime Phone #

PORT CHARLOTTE, FL 33952

3596 Tamiami Trail East Unit 202 Port Charlotte, Florida 33952 Telephone (941)276-1384 April 7, 2007

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

RE:

Document # P0000003182

REINSTATEMENT

Dear Sir or Madam:

Pursuant to our recent telephone conversation, please find the enclosed completed application for Reinstatement Form along with two checks. As you told me over the telephone, I am sending you a check in the amount of \$900.00 made payable to Department of State, and another one in the amount of \$8.75 as additional fee for a certificate of status.

Thank you very much for your assistance to this matter, and please contact me if any further information is required.

Sincerely,

Jean F. Thomas

Enclosure