

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N 11000002840**

1. Corporation Name
Sarepta Baptist Church, Inc.

2. Principal Office Address - No P.O. Box #
7410 Park City DR.

Suite, Apt. #, etc.

3. Mailing Office Address
6479 Rolling tree st

Suite, Apt. #, etc.

City & State
FL Jacksonville 32244

Zip

32244

Country

Duval

City & State
Jacksonville FL 32222

Zip

32222

Country

Duval

7. Name and Address of Current Registered Agent

Name
Renel Jean Baptiste

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

6479 Rolling tree street

Suite, Apt. #, etc.

City
Jacksonville FL

State

FL

Zip Code

32222

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 **04/25/16**

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
Paster	Renel Jean-Baptiste	6479 Rolling tree street	Jacksonville FL 32222
TREA	Appoleon Augustin	2928 Biboix Trail Middleburg FL	Middleburg FL 32068
SECR	Radul Petit-FRERE	3840 Westridge DR.	Orange Park FL 32065

10. E-mail Address: **Sareptahaitian@mail.com**
(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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that a false statement to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

By SIGNING OFFICER OR DIRECTOR

4/25/16

Daytime Phone #

REINSTATEMENT

400285006074
04/25/16--01034--001

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **March 15, 2011**

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Yes, Fee already sent

\$0.75 Additional Fee required
for a Certificate of Status

2016 APR 25 PM 12:36

FILED

C. CARROTHERS

APR 25 2016

Jacksonville 4/18/2016

From: Pastor Renel Jean Baptiste
On behalf of Sarepta Baptist Church, Inc

To: Florida Department of State
Division of Corporations

Subject: Reinstatement form issue

Good morning Mrs. Cathy A. Corrothers Regulatory specialist.

This letter is to inform you that the reinstatement form on sunbiz.org is not printable. It says: we can no longer print this form, it has to be filled out online, and the money sent by mail. However, with the same document number, we already filled it out since the first week of March 2016 in order to check if our name was still available. Right now, it doesn't let us duplicate. That is why we resubmit you the document with the reinstatement fee only without the reinstatement form fill out to request the changes.

Hopefully that information find you well, please receive our sincere greetings.

Pastor Renel Jean Baptiste
Agent 904-316-0692
sareptahaiti@gmail.com

A handwritten signature in black ink, appearing to be 'Renel Jean Baptiste', with a large, stylized flourish underneath.