

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPLICATION FOR REINSTATEMENT

FILED

98 AUG 28 AM 11:21

DOCUMENT # **N19641** **W08000018780**
 1. Corporation Name
Beraca HAITIAN ALLIANCE CHURCH, INC.
OF THE CHRISTIAN AND MISSIONARY ALLIANCE

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

700002630737 **9804**

-09/01/98--01088-0109 **98**
 *****612 50 *****61 **98**

REINSTATEMENT

Principal Place of Business Mailing Address
777 N. W 106th St / **777 N. W 106th St**
Miami, FL 33150 / **Miami, FL 33150**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc. **N/A**
 City & State **N/A**
 Zip **N/A** Country **N/A**

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc. **N/A**
 City & State **N/A**
 Zip **N/A** Country **N/A**

4. Date Incorporated or Qualified To Do Business in Florida **3/12/87**
Please check your file

5. FEI Number **59-2718578**
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	GONEL JOSEPH	15819 N W 11th St.	Pembroke Pines FL 33028
V.P.	CIDRINE JOSEPH	1570 NW 132 Street	Miami FL 33167
Sec.	JASON LONIE	1141 NE 147 St. Miami FL	MIAMI FL 33161
TRS	Anne-Marie M. Sonace	1000 NE 161 Ter.	Miami FL 33162
member	FRANK CHEVALIER	579 N.W 119th St	Miami, FL 33168
member	RENE LAZARE	13240 N.W Port Said Rd #24	OPA LOCKA, FL 33054

8. Name and Address of Current Registered Agent
Rev. GONEL JOSEPH
15819 N. W 11th St
Pembroke Pines, FL 33028

9. Name and Address of New Registered Agent
 Name **N/A**
 Street Address (P.O. Box Numbers Not Acceptable) **N/A**
 Suite, Apt. #, Etc. **N/A**
 City **N/A** State **FL** Zip Code **N/A**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent **Gonel Joseph** REGISTERED AGENT MUST SIGN Date **08-08-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: **Gonel Joseph** **GONEL JOSEPH** **08-08-98** **430-6279**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1-98)