

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 JUL 22 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N19887**

1. Corporation Name

First Haitian Church of the Nazarene of Apopka, Inc.

2. Principal Office Address - No P.O. Box #

1428 S. LAKE AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

1428 S. LAKE AVENUE

Suite, Apt. #, etc.

City & State

Apopka FL

Zip

32703

Country

City & State

Apopka FL

Zip

32703

Country

**REINSTATEMENT**

10-11

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
593351240

☐ 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

Antoine Joseph

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

449 WEST 17th STREET

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

100210296491  
07/22/11-01041-014 \*\*297.50

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

*Antoine Joseph*  
REGISTERED AGENT MUST SIGN

Date 07-19-2011

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
D	Joseph, Antoine	449 WEST 17th STREET	Apopka FL 32703
T	Joseph, Mercia	449 WEST 17th STREET	Apopka FL 32703
T	Forvil, Pierre	P.O. Box 984	Zellwood FL 32798

10. E-mail Address:

(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, 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 false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE:

*Antoine Joseph*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-19-2011  
Date

Daytime Phone #