

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

00 MAY -3 PM 3:54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N29988

1. Corporation Name

HAITIAN EVANGELICAL CRUSADE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3715 EASTVIEW AVE WEST PALM BEACH FL 33407 US

P.O. BOX 078621 WEST PALM BEACH FL 33407 US



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/30/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip Country

Zip Country

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Jean-Baptiste Mathieu, Francois Franck, Guerrier Fritz, St. Hilaire Morales, and Pierrlagneau Georges.

8. Name and Address of Current Registered Agent

JEAN-BAPTISTE, MATHIEU 3715 EASTVIEW AVE W. PALM BEACH FL 33407

9. Name and Address of New Registered Agent

Name: MATHIEU JEAN-BAPTISTE Street Address: 3715 EASTVIEW AVE City: West Palm beach State: FL Zip Code: 33407

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

Handwritten signature of Jean-Baptiste Mathieu

REGISTERED AGENT MUST SIGN

Date

2-25-2000

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., 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:

Handwritten signature of Jean-Baptiste Mathieu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-2000

Date

Daytime Phone #

KE

CR2E040 (8/99)