PH	EASE READ	ALL INSTI	RUCTIONS	BEFORE (	COMPLET	ING THIS FO	)RM		
APPLICATION FOR REINSTATEME		· FLORIDA		NT OF STATE tham State	1	FILE	•	•	
DOCUMENT # N 35489						97 FFB 24 AM 8: 49			
The Committee to help Hartian Churches						SEUNETART OF STATE TALLAHASSEE, FLORIDA			
The Comm	ittee to h	elp Ha	itian C	hurches	1	ALLAHASSEE,	FLORIDA		
Principal Place of Business カル SW・んれ	out.	Mailing A		Ø.					
3344/	<b>CO</b> - D		, <b>5</b> 9					0-1	
				<b>P</b>	EINST	ATEME	NIG	U	
If above addresses are incorr 2. New Principal Office Addres カル らい・ノスガ		3. New Mailin	ormation and enter- g Address, If Application			DO NOT WRITE IN corated or Qualified ness in Florida	THIS SPACE	× \$1 X \$1 (\$1.55)	
Suite, Apt. #, etc.		Suite, Apt. #, e		*** ( <sub>4.6.</sub> quist	5. FEI Numbe		and reduce the	Applied For	
city & State Lied Bch	74.	City & State			applie	a for.	:	Not Applicable	
3344/ BK	Sand Sand	Zip	Countr	•	1	E OF STATUS DESIRED (		tional Fee required Inficate of Status	
7. Names and Street Addresse Title(s)	es of Each Officer and/o Name of Officers and/or Directors	or Director (Flori	O.11	ations must list at lea eet Address of Each ficer and/or Director	•	1 <del>00002</del> (	<del>3976</del> 6	999 0005	
2	and/of Directors	e.l		se Post Office Box 1		4	1.25 **	***61.25	
bond. Rock ?	eoveriniques	(Direct)	711 SW./2	Ct Dock But	4	Deerfield	Bul F	3344	
es. Enock 1	rongunita	ntipin) rectify	1021 510,0	tth avenue		selver Ber	ach F	3374	
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ec. Alouse Dostalie			1121 SW. Oth Avenue			Douglield &	zes 1-/.	33 44/	
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Adelina	Calinte		371/NW	2 thetree	L polle	T- Landedo	g Juggy.	333//	
	Address of Current F	Registered Agen	1 ' Rol 3344/	Name	9. Name and	Address of New Regi			
711 sw. 12th Commettee		Haila.	, 1		P.O. Box Number		ed premer	, FL33YV	
- A	to riep	THUW	o Change	Suite, Apt. #, Etc	NAM	Orious c	7 000		
••				Deerfo	ed Bely		State Zip C		
0.1, being appointed the regis	stered agent of the above	ve named corpor	ation, am familiar wi	th and accept the o	bligations of Sect			(Pe)	
Signature of Registered Agent 539	(Sall	GISTERED AGE	NF MUST SIGN			Date 1 - 8	8-96	19	
11. Does this corp Dept. of Reve					9 No 1	1000020 -02/25/ \$\frac{1}{2} *****45	1976 1970119 Mericke for Mit Marin Mindiglible Mil	07/006	
<ol> <li>I do hereby certify that the lease the Division of Corpo certify that I am an officer this reinstatement applicat fees owed by the corporat under oath.</li> </ol>	information supplied w rations from any liabilit of director or the receive on the reason for dissi fur have been paid. If	ith this filing is vo y of non-complia- ver or trustee em olution has been to information in	oluntarily furnished a nce with Section 11: powered to execute eliminated, the con dicated on this appl	and does not qualify 9.07(3)(k) in the eve this application as porate name satisfi ication is true and a	y for the exemption that the inform provided for in ces the requirement accurate, and my	on stated in the original particular supplies is exempted as the first state of the control of t	haviaur, Flained exempt for 10 fulfiller come 1 or 617.0401, he same legal	A Sup (35) I re- troublic access I while base the F.S., and that all effect as if made	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR