CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

PARTMENT OF STATE HELED

00 FEB 11 AM 9: 4!

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N37497

1. Corporation Name

Haitian First Assembly of God of Immokalee, Florida, Inc.

3. Mailing Office Address	741 Parassan					
P.O. BOX 1711	REINSTATEMENT					
Suite, Apt. #, etc.	2000 CE 000 CE 0					
	4. Date Incorporated or Qualified To Do Business in Florida 04/02/199					
City & State						
Immokalee, Florida	5. FEI Number					
Zip Country USA	CERTIFICATE OF STATUS DESIRED S8.75 Addition for a Certificate OF STATUS DESIRED S8.75 Addition for a Certification of the Certificatio					
	P.O. BOX 1711 Suite, Apt. #, etc. City & StateImmokalee, Florida Zip Country					

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	7. Name a	nd Address of Curre	ent Registered	Agent),"),") 1 " "	4.54.5	
Name					10317) ()]
Annuel.LeBrun			,			-010030 1 5****428	
Street Address (P.O. Box Numb	• • • •	5.5			, 1	் வகவக (ட ி	14 10
320 South Main S	treet						
Suite, Apt. #, Etc.		-1.	,				
•		•					
City	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		١.	State	Zip Code		
Immokaloo	/ / \	\		FI	2/1/2		

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8.	I, being appointed the registered agent of the above name	d.coi	pora	tion, am fa	miliar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED ASENT MUST SIGN

Date 2 8 00

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		
P	Annuel LeBrun	402 Fahrney Street	Immokalee, Florida 34142		
V	Renold Pierre	321 South 6th Court	Immokalee, Florida 34142		
D	Amalia Lubrer	216 Colorado Avenue	Immokalee, Florida 34142		
ST	Nicolas St. Fleur	404 Fahrney Street	Immokalee, Florida 34142		
D	Elina Vilmeus	420 West Delaware	Immokalee, Florida 34142		
D	Anes Charles	ll4 Farm Worker Village	Immokalee, Florida 34142		

10. 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 filling 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:

Annuel LeBrun, President

2/8/00

941-657-7307

Daytime Phone #

Applied For

Not Applicable

and Fee requires