
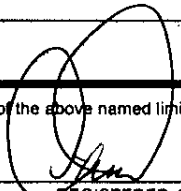
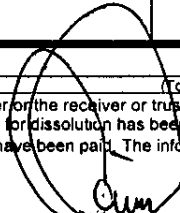


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N37497			
1. Limited Liability Company's Name Haitian First Assembly of God of Immokalee Florida			
2. Principal Office Address - No P.O. Box # 320 S. 1st Street		3. Mailing Office Address P.O. Box 1680	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Immokalee Fla.		City & State Immokalee Fla.	
Zip 34142	Country Collier	Zip 34143	Country Collier
4. State/Country of Formation Florida Collier			
5. Date Organized or Qualified To Do Business in Florida			
6. FEI Number 650341264		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
<input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
8. Name and Address of Current Registered Agent			
Name Annuel Lebrun			
Street Address (P.O. Box Number is Not Acceptable) 320 S. 1st Street			
Suite, Apt. #, Etc.			
City Immokalee		State FL	Zip Code 34142
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent 		Date 4/12/2010	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	Annuel Lebrun	801 Monroe Ave.	Immokalee, FL 34142
✓	Renold Jean	919 Alfreda Ave.	Lehigh Acres, FL 33971
D	Nicolas St. Fleur	283 School Side Dr.	Lehigh Acres, FL 33936
D	Anicca Rancy	423 Candlewick Cir. S.	Lehigh Acres, FL 33936
700184335927 08/13/10 01042 004 ***726.25			
11. E-mail Address: Anicca23@yahoo.com			
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager 		Date 8/8/10 Daytime Phone # 239-810-867	
Typed or printed name of signing Managing Member/Manager			