

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 23 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39386

1. Corporation Name

HAITIAN Evangelical Baptist church
OF Homestead.

REINSTATEMENT 06-09
12-29-08 000139232550 79.75
CR2E081 (12/08)

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

344 W. MOWRY

Suite, Apt. #, Etc.
Homestead, FL 33030

3. Mailing Office Address

344 W. MOWRY DR

Suite, Apt. #, Etc.

City & State

Homestead FL

City & State

Homestead FL

Zip

33030

Country

Miami

Zip

33030

Country

Miami

4. Date Incorporated or Qualified
To Do Business in Florida

1984

5. FEI Number

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

Rev. Jean F. ALFREIDE

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

545 NW 22 Street

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33030

☐ The 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 reinstatement
fee be waived.

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01/23/09--01046--016 **349.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 01-20-09

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
PD	ALFREIDE JEAN F.	545 NW 22st Homestead FL	Homestead FL 33030 US
D	ALFREIDE Muladin J.	30611 S.W. 157 Ave	Leisure city FL 33033 US
TD	Eugene Muratel	145 S.W. 293 Rd st	Homestead FL 33033 US
M	ALFREIDE Marie Nicole	545 NW 22st	Homestead FL 33030
M	DORVILLE Saintilus	14845 S.W 304 Ter	Homestead FL 33033 US
ASD	Alix Loussaint	14541 S.W 297 st	Leisure city FL 33033 US

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 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Rev. Jean F. ALFREIDE

Date

01-20-09, 305-248 6983

Daytime Phone #

786-259-2321

1/27/09