PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2015 JUL 30 AM 8:49

DOCUMENT # N92000000979

1. Corporation Name

Eben-Ezer Haitian Baptist church of Port-Charlotte, FL

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
17195 OAKLEAF Ave.		P.O Box 380996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		Murdock	
City & State		City & State	
Port-Charlotte, Florida		Florida	
Zip	Country	Zip	Country
33948	Charlotte	33938	Charlotte

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
October 1991

5. FEI Number
65-0414345

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
Mr. Rafael De Amas, Esq. Attorney & Counselor at Law

Street Address (P.O. Box Number is Not Acceptable)
1492 Lanco Street

Suite, Apt. #, Etc.

City	State	Zip Code
Port-Charlotte,	FL	33952

900274437139
07/30/15--01018--005 **52.50

900274437139
06/25/15--01018--021 **245.00

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 _____ REGISTERED AGENT MUST SIGN

Date June 23, 2015

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
Pastor	Enoc Toby	18065 Wing Avenue	Port-Charlotte, FL 33948
Secretary	Marie Jeanne Toby	18065 Wing Ave.	Port-Charlotte, FL 33948
Treasurer	Lucien Lominy	17365 Pheasant Circle	Port-Charlotte, FL 33948
	REINSTATEMENT		
	2014-2015		

10. E-mail Address: ebenezerpc@embarqmail.com or etoby@flbaptist.org
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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

06/23/2015
Date

1-941-629-5301 (941-268-16620)
Daytime Phone #

JUN 24 2015

L BERGER