

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
FILED 10/2

96 DEC 26 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001512

1. Corporation Name

HOREB HAITIAN MINISTRY, INC.

1996 Annual Report

Principal Place of Business

18001 N.W. 42 CT.
CAROL CITY FL 33055

Mailing Address

P.O. BOX 800821
NORTH MIAMI BEACH FL 33160

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0412888

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	PIERRE, MARIE J	18001 N.W. 42ND CT.	CAROL CITY FL
V	NOISETTE, GUY	15443 S.W. 102ND AVE.	MIAMI FL 33157
SD	DANTICA, ALOURDES G	315 N.E. 165TH ST.	MIAMI FL 33161
TD	PIERRE, THEOPHILE	18001 N.W. 42ND CT.	CAROL CITY FL

8. Name and Address of Current Registered Agent

PIERRE, MARIE J REV.
18001 N.W. 42 CT.
CAROL CITY FL 33055

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

70000204 State ID Code 9
-12/31/96 FID 051-007

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Rev Marie Jessie Pierre
REGISTERED AGENT MUST SIGN

Date

12-18-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-3-96

CR2EQ40 (7/96)

HOEB HAITIAN MINISTRY
PO BOX 600821
MIAMI FL 33160-0821

11-3-96

TO: The Division of Corporations

From: Horeb Haitian Ministry

Dear sir/Madam

I have received your notice of Administrative dissolution. Today
The situation remains the same and I feel that you are unfair against
my organization because we are helping needy people.

We have given foods and clothings to those who have nothing specially
the homelesses. Moreover We have an after school program for students
all of these are free of any charge.

Could you please review your cancellation and we promise this year to
send on time our annual report. Hoping on your understanding, please
receive in advance, your best regards.

May God Bless you.

Sincerely yours
Marie Jessie Pierre
Rev. Marie Jessie Pierre
President of H.H.M.

PS: Receive these copies

*Did not received notice.
per phone call (12/26/96)
A. Alan