

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL -6 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/06/05--01012--006 **857.50

DOCUMENT # N94000000053

1. Corporation Name

Immokalee Haitian Free Methodist Church, Inc.

2. Principal Office Address

312 Eustis Ave.

3. Mailing Office Address

P.O. Box 267

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Immokalee, Florida

City & State

Immokalee, Florida

Zip

33142

Country

USA

Zip

33143

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 01/06/1994

5. FEI Number

59-6511994

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

RICHARD A. LEHMAN

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

5421 SHARON TRAIL

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33810

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

Richard A. Lehman Trustee

REGISTERED AGENT MUST SIGN

Date

6/20/05

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/D	Emmanuel Eugene	11517 NE 12th Ave.	Miami, FL 33161
T/D	Huida Georges	909 Jefferson Ave.	Immokalee, FL 34142
S/D	Oxyl Allenthe	211B West Main St.	Immokalee, FL 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 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

EMMANUEL EUGENE

Date

6/20/2005
(786) 423-5289

Daytime Phone #