

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001681

1. Corporation Name

HAITIAN CHURCH OF CHRIST, INC.

Principal Place of Business

650 ALABAMA ST
APOPKA FL 32703
US

Mailing Address

800 MIMISA DR
ALTAMONTE SPRINGS FL 32714
US

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

04/01/1994

Suite, Apt. #, etc.

750 PLAZA Suites INC

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip

32805

Country

USA

Zip

Country

5. FEI Number

59-3305934

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DP	SEJOUR, JOSEPH R	800 MIMOSA DR	ALTAMONTE SPRINGS FL 32714
ST	JADIS, MAQUEL	2705 HARTMAN DR	ORLANDO FL 32837
DS	HERMANN, ANDRE	1890 LAKE CIR	ORLANDO FL
	ST LAFRATIEL Polynice	5530 W. Haven Ct	Orlando, FL 32810
			300003515563--6
			-12/28/00--01042--008
			****245.00 ****245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SNOW, JOHN R
407 WENNA SPRINGS RD 229
LONGWOOD FL 32779

Joseph R Sejour
800

Name

Joseph R. Sejour

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

800 Mimosa Dr

Suite, Apt. #, Etc.

Altamonte springs

City

State

FL

Zip Code

32714

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-17-00

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., 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-17-00

Date

407-788-7505

Daytime Phone #

KE