

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY -5 AM 8:16

DOCUMENT # **N94000004426**

1. Corporation Name

*Haitian Baptist Church of the Living God
5700 N.E. 4th Ct.
Miami, FL 33137*

2. Principal Office Address

5700 N.E. 4th Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

5700 N.E. 4th Ct.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip *33137*

Country *USA*

Zip *33137*

Country *USA*

REINSTATEMENT

900018024219

05/05/03--01119--008 **297.50.

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/09/1994

5. FEI Number

0716806622-8

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

Clement S. Jeantilus

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

11730 W. Biscayne Canal Rd.

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33161

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

04/24/03

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	<i>Clement S. Jeantilus</i>	<i>11730 W. Biscayne Canal Rd.</i>	<i>Miami, FL 33161</i>
Deacons	<i>Marie E. Constant</i>	<i>386 NE 87th Street</i>	<i>Miami, FL 33138</i>
Treasurer	<i>Frank Bernadin</i>	<i>3244 N.W. 3rd Ave.</i>	<i>Miami, FL 33127</i>
Secretary	<i>Evanie Obdeus</i>	<i>29 N.W. 68th Street</i>	<i>Miami, FL 33158</i>
Youth	<i>Jonas Salomon</i>	<i>441 N.W. 116th Street</i>	<i>Miami, FL 33150</i>
Supern.	<i>Jean Timon Thelusma</i>	<i>559 N.W. 97th Street</i>	<i>Miami, FL 33158</i>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/24/03 (305) 895-3602

Daytime Phone #

CR2E081 (10/02)

5/9/03