

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004558

1. Corporation Name

Calvary Haitian Baptist Church

2. Principal Office Address

3300 10th Ave North

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33461

Country

U.S.A

3. Mailing Office Address

3300 10th Ave North

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33461

Country

U.S.A

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

09/15/1994

5. FEI Number

41-2102583

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$1.75 Additional Fee required
for a Certificate of Status

FILED

03 JUL 29 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-03

7. Name and Address of Current Registered Agent

Name

Rev. Albert Noe Nordelus

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

4240 NE 4 Ave

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33064

700021921707

07/29/03--01074--001 **726.25

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

Date 7/22/03

REGISTERED AGENT MUST SIGN

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	Albert Noe Nordelus	4240 NE 4th Ave	Pompano Beach, FL 33064
VP/C	Osmyr Moise	7298 Willow Springs Cir W.	Boynton Beach, FL 33462
S	Edson Mergena	1111 10th Ave North	Lake Worth, FL 33460
T	Destale Josemond	1608 Sherwood Ave	West Palm Beach, FL 33407
D	Anelie Dornezil	614 NE 1st Street	Boynton Beach, FL 33435

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:

Albert Noe Nordelus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/03

Date

Daytime Phone #

CR2001 (10/02)