

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -8 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005828

1. Corporation Name

**PENIEL HAITIAN BAPTIST CHURCH OF LAKE WORTH,
INC.**

2. Principal Office Address

1110 SOUTH "A" STREET

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33460

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

11/29/1994

5. FEI Number

65-0560064

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 00-02

7. Name and Address of Current Registered Agent

Name

LEONCE OVILMAR

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

6254 WEST OVER ROAD

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State
FL

Zip Code

33417

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

See Attached

REGISTERED AGENT MUST SIGN

Date

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 |
|--------|--------------------------------------|---|---------------------------|
| PD | LEONCE OVILMAR | 6254 West Over Rd | WEST PALM BEACH, FL 33417 |
| TD | ILERS ISRAEL | 315 WEST PALM STREET | LANTANA, FL 33462 |
| SD | ANGENOR ESTILIEN | 5034 NORMA ELAINE RD | WEST PALM BEACH, FL 33417 |
| | | | |
| | | | |
| | | | |

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:

Leonce Ovilmare
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leonce Ovilmare

Date

Daytime Phone #

11/7/02 (561) 509-6310

CR2E081 (9/01)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PENIEL HAITIAN BAPTIST CHURCH OF LAKE WORTH, INC.
2. The principal office address: 6254 WEST OVER ROAD
WEST PALM BEACH, FL 33417
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/29/1994 Document number: N94000005828
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
ELAN MIKLES
7680 GROVE ROAD
LANTANA, FL 33463
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LEONCE OVILMAR
6254 WEST OVER ROAD
(P.O. Box or personal mailbox NOT acceptable)
WEST PALM BEACH, FL 33417

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Leonce Ovilmor
(Signature of an officer, chairman or vice chairman of the board)

Leonce Ovilmor
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Leonce Ovilmor
(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

Leonce Ovilmor
(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314