

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000005828**

1. Corporation Name

PENIEL HAITIAN BAPTIST CHURCH OF LAKE WORTH, INC

Principal Place of Business

Mailing Address

1110 SOUTH "A" STREET
LAKE WORTH FL 33460

1110 SOUTH "A" STREET
LAKE WORTH FL 33460

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	OUILMAR, LEONCE	6254 WEST OVER ROAD	WEST PALM BEACH FL 33417
TD	ISRAEL, ILERS	315 WEST PALM STREET	LANTANA FL 33462
SD	ESTILJEN, ANGENOR	5034 NORMA ELAINE ROAD	WEST PALM BEACH FL 33417

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OUILMAR, LEONCE
6254 WEST OVER ROAD
WEST PALM BEACH FL 33417

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONCE OUILMAR

Date

Daytime Phone #

561.502-7758

FILED

04 OCT 18 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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