

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

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DOCUMENT # 195000003599

1. Corporation Name
EGLISE EVANGELIQUE LUTHERIENNE HAITIENNE INC

900059381719
09/07/05--01010--021 **358.75

2. Principal Office Address
1043 ASPRI WAY

3. Mailing Office Address
1043 ASPRI WAY

Suite, Apt. #, etc.

City & State
PALM BEACH GARDENS, FL

Zip Country
33418 PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida 07/28/1995

5. FEI Number 65-0501899 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
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City
TALLAHASSEE

State Zip Code
FL 32301-2525

REINSTATEMENT 03-05

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 REGISTERED AGENT MUST SIGN

Date 09-01-05

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	BARTLEY, DANIEL REV.	1043 ASPRI WAY	PALM BEACH GARDENS, FL 33418
T	MEMNON, GINETTE	4240 BEARLAKES COURT # 208	WEST PALM BEACH, FL 33409
T	SILIEN MARC	836 BALFREY DRIVE	WEST PALM BEACH, FL 33413
T	SENATUS BERTUDE	1805 W BLUE HERON BLVD # M101	RIVIERA BEACH, FL 33404

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: DANIEL BARTLEY 09-01-05 (561)863-7527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)