

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N95000005488

1. Corporation Name

EMMANUEL HAITIAN CHRISTIAN COMMUNITY CENTER, INC.

Principal Place of Business

7321 NE 2ND AVENUE
MIAMI FL 33138

Mailing Address

7321 NE 2ND AVENUE
MIAMI FL 33138

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

11/20/1995

5. FEI Number

65-0584599

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 (Do NOT Use Post Office Box Numbers) 3	City (State / Zip) 4
PD	ALCINDOR, PIERRE M	13035 SW 107TH TERRACE	MIAMI FL 33186
VD	CAZEAU, CHARLES	15011 N.E. 11TH AVE.	MIAMI FL 33168
VD	MONDE, ERODE	421 NW 118TH STREET	MIAMI FL 33168
TD	MARCELLUS, EMMANUEL	1840 NW 135TH STREET	MIAMI FL
SD	DELVA, VERNET	160 NW 68TH TERRACE	MIAMI FL 33150

8. Name and Address of Current Registered Agent

MARCELLUS, EMMANUEL M
7321 NE 2ND AVE
MIAMI FL 33138

9. Name and Address of New Registered Agent:

Name **Emmanuel Marcellus**
Street Address (P.O. Box Number is Not Acceptable)
1840 NW 135 Street
Suite, Apt. #, Etc.

City
Miami

State Zip Code
FL 33167

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.

Signature of
Registered Agent

Emmanuel Marcellus
REGISTERED AGENT MUST SIGN

Date **4-29-99**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Pierre M. Alcindor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/99

305-757-2515



FILED
99 JUN -16 PM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR02640 (9/98)