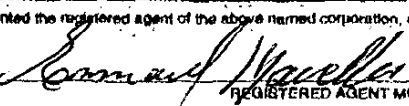
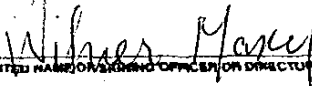


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 SEP 10 AM 10:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N95000005488					
1. Corporation Name EMMANUEL HAITIAN CHRISTIAN COMMUNITY CENTER, INC.					
2. Principal Office Address 7321 NE 2nd Avenue Suite, Apt. #, etc.		3. Mailing Office Address 7321 NE 2nd Avenue Suite, Apt. #, etc.		REINSTATEMENT 00-04	
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33138	Country USA	Zip 33138	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 650584599			
6. CERTIFICATE OF STATUS DESIRED ☒				6.75 Additional fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name MARCELLUS, EMMANUEL					
Street Address (P.O. Box Number is Not Acceptable) 1840 NW 135 STREET					
Suite, Apt. #, Etc.					
City MIAMI					
State FL		Zip Code 33138			
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 9-2-04			
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
PD	WILNER MAXY	1138 NW 101 STREET	MIAMI, FL 33150		
VP	RICOT FERTIL	12825 NE 2nd AVENUE	MIAMI, FL 33161		
VP	RONALD EUGENE	717 NW 177 AVENUE	PEMBROKE, FL 33029		
TD	CAROLE CHALEMONT	7321 NE 2nd AVENUE	MIAMI, FL 33138		
SD	CONSTANCE NORTELUS	9119 NORTH MIAMI Ave.	MIAMI FL 33150		
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 110.07(3)(f), 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: WILNER MAXY 		Date: 9-02-04 Daytime Phone # (305)757-7515			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					