

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 MAR 23 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07

13 3/27/07



03/24/06 90032 027 061.25
03012007 REIN-NP CR2E099 (1/07)

DOCUMENT # N96000000904		
1. Entity Name SILOE HAITIAN BAPTIST CHURCH, INC.		
Principal Place of Business 1608 E. GENESSEE TAMPA, FL 33610 US		Mailing Address P.O. BOX 310418 TAMPA, FL 33680
2. Principal Place of Business - No P.O. Box # 1608 E. Genessee St.	3. Mailing Address P.O. Box 310418	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State Tampa FL	City & State Tampa FL	
Zip 33610	Country Hillsborough	Country Hillsborough
6. Name and Address of Current Registered Agent BRADEN, E. J.		7. Name and Address of New Registered Agent Name: LOVY CEXIL Street Address (P.O. Box Number is Not Acceptable) 2206 E. LAKE AVE. #A City: Tampa FL Zip Code: 33610
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 		DATE March 5, 2007
FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEXIL, PROSPER 1608 E GENESSEE ST TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 200096248242 04/09/07--01049--022 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEXIL, LOVY 1608 E GENESSEE ST TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:		813-900-0578
PRINTED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR LOVY CEXIL		Date March 5, 2007