

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B 11/30/06

REINSTATEMENT

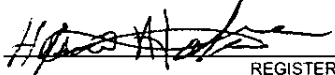
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CR2E081 (12/05)


<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N 96000002926</b>			
<b>1. Corporation Name</b> Maranatha Haitian Baptist Church			
<b>2. Principal Office Address</b> 9673 Orange Ave Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 9673 Orange Ave Suite, Apt. #, etc.	
<b>City &amp; State</b> Orlando FL Zip 32839 Country USA		<b>City &amp; State</b> Orlando FL Zip 32839 Country USA	

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 9/26/97	<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status.</b>	

<b>7. Name and Address of Current Registered Agent</b>		
Name: Hofernio Aladin		
Street Address (P.O. Box Number is Not Acceptable): 9673 Orange Ave		
Suite, Apt. #, Etc.:		
City: Orlando	State: FL	Zip Code: 32839

<b>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.</b>	
Signature of Registered Agent: 	Date: _____
REGISTERED AGENT MUST SIGN	

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
D	Hofernio Aladin	9673 Orange Ave	Orlando FL 32839
D	St Moine Louisaint	5275 Vaupin St	Orlando FL 32811
D	Isafrance Lubin	659 W. Jefferson St	Orlando FL
-	-	-	-
-	-	-	-
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<b>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 contained in Chapter 119, 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.</b>			
<b>SIGNATURE:</b> 	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	<b>Date:</b> 09/25/06	<b>Daytime Phone #:</b> 407-538-4214

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11/22/06

To whom it may concern..

I am sorry for the delay of that cooperation  
The letter was sent in the wrong mailing address.  
I found the letter last week.

Now, here is the correct mailing address

P.O. Box 550571

Orlando FL 32855

May the Lord keep you + bless you

Sincerely

Rev. St. Moine Lecomte