

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 # **N96000002950**

1. Corporation Name

HAITIAN MISSIONARY BAPTIST CHURCH INC.

Principal Place of Business

C/O PEMBROKE ROAD BAPTIST CHURCH INC.
7130 PEMBROKE ROAD
MIRAMAR FL 33023

Mailing Address

C/O PEMBROKE ROAD BAPTIST CHURCH INC.
7130 PEMBROKE ROAD
MIRAMAR FL 33023

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/1996

5. FEI Number

N/A

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CD	DESTINE, PIERRE	190 NW 215TH STREET	MIAMI FL 33179
TD	MODESTIL, NALYSE	6765 IXORA DRIVE	MIRAMAR FL 33023
TD	BOUTROS, MADELEINE	7607 TROPICANA ST	MIRAMAR, FL 33023
			800002369918-6 -12/11/97-01096-015 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

MOISE, HENRY C REV
7551 FAIRWAY BLVD.
MIRAMAR FL 33023

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Henry C. Moise
REGISTERED AGENT MUST SIGN

Date 11-17-97

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:

P. Destine
DESTINE, PIERRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 17, 1997

Date

Daytime Phone #

FILED

97 DEC -8 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 91

CR2040 (8/97)