PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 26 PM 4:50

DOCUMENT # **N96000002950**

1. Corporation Name

HAITIAN MISSIONARY BAPTIST CHURCH INC.

Principal Place of Business	Mailing Address
~~C/O PEMBROKE ROAD BAPTIST CHURCH INC.~~ ~~7130 PEMBROKE ROAD~~ MIRAMAR FL 33023	~~C/O PEMBROKE ROAD BAPTIST CHURCH INC.~~ ~~7130 PEMBROKE ROAD~~ MIRAMAR FL 33023

REINSTATEMENT 00

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
1731 ALCAZAR DR.	1731
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR, FL.	City & State: MIRAMAR, FL.
Zip: 33023 Country: BROWARD	Zip: 33023 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 05/29/1996

5. FEI Number: NOT APPLICABLE ☐ 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 3	City / State / Zip 4
CD	DESTINE, PIERRE	190 NW 215TH STREET	MIAMI FL 33179
TD	MODESTIL, NALYSE	6765 IXORA DRIVE	MIRAMAR FL 33023
~~TD~~	~~BOUTROS, MADELINE~~	~~7607 TROPICANA CT.~~	~~MIRAMAR FL 33023~~
TD	RAYMOND AUGUSTIN	6500 MIRAMAR Pkway	MIRAMAR, FL. 33023
TD	MRIE-LOURDES NAPOLEON	7551 GRANDVIEW BLVD	MIRAMAR, FL. 33023

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

CR2E040 (8/00)

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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: SIGNATURE REQUIRED Henry C Moise Date: 10/24/2000
REGISTERED AGENT MUST SIGN

11. 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.

AD

SIGNATURE: SIGNATURE REQUIRED Henry C Moise GENERAL AGENT 10/24/00 954-967-7175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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