

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 15 AM 11:26

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003854

1. Corporation Name

Mission International KDU Cannan, Inc

2. Principal Office Address

1911 SW 86 Ave

Suite, Apt. #, etc.

City & State

N. Lauderdale, FL

Zip

33068

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/22/1996

5. FEI Number

65-0686094

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rev. Gerald Beaubrun

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

1911 SW 86 Ave

Suite, Apt. #, Etc.

City

N. Lauderdale

State

FL

Zip Code

33068

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

REGISTERED AGENT MUST SIGN

Date 11-07-2006

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
P/D	Gerald Beaubrun	1911 SW 86 Ave	N. Lauderdale, FL 33068
V/P	St. Lot Raymond	7707 SW 8 St.	N. Lauderdale, FL 33068
S/D	Gueto Pierre	7720 SW 10 St.	N. Lauderdale, FL 33068
	M/H/16		
			300081790763 11/15/06--01019--015 **122.50

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gerald Beaubrun
President

11-07-06

**A. GEORGE ALLOCCA, JR.
CERTIFIED PUBLIC ACCOUNTANT
1500 N. UNIVERSITY DRIVE
SUITE 241
CORAL SPRINGS, FL 33071
(954)752-7275**

November 7, 2006

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Canaan Haitian Baptist Church, Inc.
Mission Internationale Du Canaan

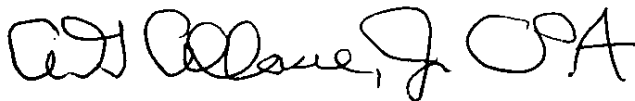
Gentlemen:

Please find enclosed Corporation Reinstatement forms for the above non-profit corporations, together with a check in payment of the delinquent annual report fees.

The annual report notices for these corporations were never received and we therefore respectfully request that the reinstatement fees be waived for both entities and that they be reinstated to active status.

Thank you for your assistance and understanding in this matter.

Sincerely yours,

A handwritten signature in black ink, appearing to read "A. George Allocca, Jr. CPA". The signature is fluid and cursive, with the letters "CPA" written in a larger, more distinct font at the end.

A. George Allocca, Jr.
Certified Public Accountant

AGA/ms
Encl.