

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 FEB 28 PM 2:06

DOCUMENT # **96000004669**

1. Corporation Name

**L'Eglise Bethel Baptiste de la
Communaute Haitienne, INC.**

2. Principal Office Address

6060 Kimberly Blvd
Suite, Apt. #, etc.

3. Mailing Office Address

6060 Kimberly Blvd
Suite, Apt. #, etc.

REINSTATEMENT 00-01

City & State

North Lauderdale, FL

Zip

33068 USA

City & State

N. Lauderdale FLA

Zip

33068 USA

4. Date Incorporated or Qualified
To Do Business in Florida

09-05-1996

5. FEI Number

65-0702199

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

FORTIMIL PIERRE-LOUIS

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

5001 SW 12th STREET

Suite, Apt. #, Etc.

City

MARGATE

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

Fortimil Pierre-Louis

REGISTERED AGENT MUST SIGN

Date **2-26-2001**

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.	FORTIMIL PIERRE-LOUIS	5001 SW 12 th STREET	Margate FL, 33068
U.P.	Albert Noe Nordelus	4240 NE 4 th AVE	Pompano Bch FL 33064
S	Theodule Rock	1721 SW 65 th AVE	Pompano Bch FL 33068
T.D	Norvius ANDR	12167 NW 46 th ST	Coral Spring FL 33076
D	EMIL Motesse	323 SW 33 th AVE	Deerfield Bch 33442

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 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:

Fortimil Pierre-Louis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fortimil PIERRE-LOUIS 2-26-01: 954 675 8340
Date Daytime Phone #

CR2E081 (9/00)