

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 30 AM 11:08

DOCUMENT # N96000005954

1. Corporation Name

GRACE HAITIAN UNITED METHODIST CHURCH

6501 N. MIAMI AVE
6501 N. MIAMI AVE

REINSTATEMENT 97-04

6/28/04 01050 016 \$665.00

2. Principal Office Address
6501 N. MIAMI AVE

3. Mailing Office Address
6501 N. MIAMI AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI

City & State
MIAMI

Zip
33150

Country
DADE

Zip
33150

Country
DADE

**4. Date Incorporated or Qualified
To Do Business in Florida** NOVEMBER 21, 1996

5. FEI Number
362167731

☒ 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
PREVAL S. FLOREAL

Street Address (P.O. Box Number is Not Acceptable)
6501 N. MIAMI AVE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33150

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

Preval Floreal

REGISTERED AGENT MUST SIGN

Date JULY 29, 2004

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
CHAIR	JUSTIN FLOREAL	260 NW 145 ST	MIAMI, FL, 33168
TREAS	THEOPHILE LAINE	11701 NW 12 AVE	MIAMI, FL, 33162
SEC.	HERODE JOSEPH	14875 NE 18 AVE	MIAMI, FL, 33168

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:

Preval Floreal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/29/04

Daytime Phone #

CR25081 (01/04)