

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 24 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

CORNERSTONE HAITIAN BAPTIST CHURCH

2. Principal Office Address

3. Mailing Office Address

7194 NW 6TH CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI

FLORIDA

Zip

Country

Zip

Country

33150

4. Date Incorporated or Qualified  
To Do Business in Florida

05-12-95

5. FEI Number

59-0564207

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

ESNEL FLEURJUSTE

600028399956

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

19810 NE 10TH CT

02/09/04 01012 020 \*\*612.5

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33179

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

*Esnel Fleurjuste*

REGISTERED AGENT MUST SIGN

Date 01-30-04

**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	ARICOLE PIERRE	875 NE 146 ST	MIAMI FL 33161
T	GURLENE FREDERIC	12133 NE SAV#14	MIAMI FL 33161
D	EDWARD ANNILUS	1470 NE 125 TER	MIAMI FL 33161
V	DIEUDONNE IMOZY	205 NW 120 ST	MIAMI FL 33168
S	GERTHA MYLA	1940 NW 188 TER	MIAMI FL 33056
C	GUY MARTIN	1635 NW 131 ST	MIAMI FL 33127

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:

*Esnel Fleurjuste*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-30-04 (305) 621 6740

Date

Daytime Phone #

CR2E081 (10/02)