

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 JAN -2 PM 6:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006115

1. Corporation Name

CORNERSTONE HAITIAN BAPTIST CHURCH, INC.

2. Principal Office Address

830 NW 73rd STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33150

Country

USA

3. Mailing Office Address

19810 NE 10th CT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33179

Country

USA

REINSTATEMENT

CR22687 (12/05)

05-06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

FLEURJUSTE ESNEL

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

19810 NE 10th CT

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

Fleurjuste Esnel, Pastor Director
REGISTERED AGENT MUST SIGN

Date 12/29/06

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
D	FLEURJUSTE ESNEL	19810 NE 10th CT	MIAMI, FL 33179
T	PIERRE, ARICOLE	875 NE 146 STREET	MIAMI, FL 33161
S	MYLA, GERTHA	1940 NW 188 TERR	MIAMI, FL 33056
C	MARTIN, GUY	1635 NW 131 STREET	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 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:

Fleurjuste Esnel FLEURJUSTE ESNEL 12/29/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #