

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 MAY 24 PM 2:07

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000504

1. Corporation Name

CHRISTIAN UNITY BAPTIST CHURCH, INC

2. Principal Office Address - No P.O. Box #

800 W. OAKLAND BLVD

Suite, Apt. #, etc.

Suite 201

City & State

Wilton Manor Fl.

Zip

33311

Country

USA

3. Mailing Office Address

4281 NW 41st St

Suite, Apt. #, etc.

Suite 119

City & State

Laud-Lakes Fl.

Zip

33319

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/1998

5. FEI Number

65-0839854

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

Rodrigue Noel

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

4281 NW 41st St

Suite, Apt. #, Etc.

Apt 119

City

Laud-Lakes

State

FL

Zip Code

33319

400248260634
05/24/13--01037--002 **297.50

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

Rodrigue Noel

REGISTERED AGENT MUST SIGN

Date 5/22/13

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
S	Cari Fertil	350 NW 17 Pl #2	Fort-L. Fl. 33311
T	Israelite Noel	4281 NW 41st St #119	Laud-Lakes Fl. 33319
D	Rozias Ocleus	350 E. Commercial Blvd #6	Fort-Laud Fl. 33334
D	Jean Baptiste Meronard	350 NW 17 Pl. #2	Fort-L. Fl. 33311
	REINSTATEMENT	MAY 24 2013	
		R HUNT	

10. E-mail Address: Rodrigue Noel119 at Yahoo . Com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Rodrigue Noel Rodrigue Noel

5/22/13

954-484-9860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #