

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003312

1. Corporation Name

Haiti Missions

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

2440 27th RD NE

Suite, Apt. #, etc.

City & State

Waverly, Kansas

Zip

66871-0005

Country

USA

3. Mailing Office Address

PO Box 5

Suite, Apt. #, etc.

City & State

Waverly, Kansas

Zip

66871

Country

USA

7. Name and Address of Current Registered Agent

Name

Robert Johnson

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

971 E. Altamonte Drive,

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32701

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

Robert Johnson

REGISTERED AGENT MUST SIGN

Date 3-11-09

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
Mr	Johnny Walker	PO Box 37	Weirsdale, Florida 32195
Mr	Donald Young	377 Sebastian Prado	Altamonte Springs, FL 32714

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.

E BLAINE SCHOOLCRAFT

SIGNATURE:

E Blaine Schoolcraft, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09 March 2009 (785) 733 2207

Date

Daytime Phone #

FILED

09 MAR 16 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700145939447
03/16/09--01056--005 **192.50
REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

06-05-1998

5. FEI Number
59-3536008

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

3/17/09