

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
John R. Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 22 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000004066**

1. Corporation Name

EGLISE BAPTISTE HAITIENNE AGAPE INC.

Principal Place of Business

Mailing Address

7841 S.W. 10 CT. #B
NORTH LAUDERDALE FL 33068

7841 S.W. 10 CT. #B
NORTH LAUDERDALE FL 33068



If any of these are incorrect in any way, line through incorrect information and enter correction below

2. Old Mailing Office Address, If Applicable

3. New Mailing Office Address, If Applicable

5/5/99 900001 081 \$60.25

4. Date Incorporated or Qualified To Do Business in Florida

07/14/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0853200

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	REV. PATRICK PIERRE	7841 SW 10th Ct # B	NORTH LAUDERDALE FLORIDA 33068
D	RONY NELSON	950 S.W 67th AVE	NORTH LAUDERDALE FLORIDA 33068
D	MARIE GUERCY PIERRE	7841 S.W. 10th Ct # B	NORTH LAUDERDALE FLORIDA 33068
T	YVONETTE CHARLES	4071 N. Dixie Hwy Apt # 1	Ft. LAUD FL 33334
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PIERRE, PATRICK REV.
7841 S.W. 10 CT. #B
NORTH LAUDERDALE FL 33068

Name

Pierre, Patrick Rev.

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

7841 S.W. 10 CT. #B

Suite, Apt. #, Etc.

City

NORTH LAUDERDALE

State

FL

Zip Code

33068

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Patrick Pierre

REGISTERED AGENT MUST SIGN

Date 10/24/99

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., 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:

Patrick Pierre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/99

Date

(954) 726-5677

Daytime Phone #

CR2ED40 (8/99)