

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

10 APR 15 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000004492

1. Corporation Name

BETHEL HAITIAN BAPTIST CHURCH, Inc.

100172797371  
04/15/10--01041--001 \*\*70.00

100172797371  
03/22/10--01055--003 \*\*236.25

**REINSTATEMENT**

09/10

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

4293 NW 167 ST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Gardens, FL

City & State

Zip

33055

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-045224

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

Lucien Charlemagne

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

20002 NW 43rd Ct

Suite, Apt. #, Etc.

City

Miami Gardens

State

FL

Zip Code

33055

☐ 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.

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

3-16-10

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
T	Norman Washington	1885 NW 113 Terr	Miami, FL 33167
S	Jean Simon Vancol	190 NW 87th Street	El Portal, FL 33150
D	Michel Charlemagne	610 Sea Turtle Way	Plantation, FL 33324
C	Lucien Charlemagne	20002 NW 43rd Ct	Miami Gardens, FL 33055
	<i>[Signature]</i>		

10. E-mail Address:

(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., 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.

SIGNATURE:

*Lucien Charlemagne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-16-10

Daytime Phone #

305-621-5064

110A00007098