

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 15 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006762

1. Corporation Name

Loving Hands Ministry of Haiti, Inc.

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

5168 Pine Grove Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

5168 Pine Grove Dr.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33417

Country

US

Zip

33417

Country

US

800166324428

01/15/10--01036--006 **300.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified

To Do Business in Florida 11/30/1998

5. FEI Number

650875711

☐ 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

Rene Joseph

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

5161 Pine Grove Dr.

Suite, Apt. #, Etc.

City

West Palm Beach,

State

FL

Zip Code

33417

☒ 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

Rene Joseph

REGISTERED AGENT MUST SIGN

Date

1-12-2010

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	Rene Apoistle Joseph	P.O. Box 18595	West Palm Beach, FL 33416
D	Dorentia Marie Joseph	P.O. Box 18595	West Palm Beach, FL 33416
D	Kevin Pitt	P.O. Box 18595	West Palm Beach, FL 33416
D	Rene Ruben Joseph	1043 Middleview Dr.	Forest, VA 24551
D	Irene Bruneul	439 Flagler Blvd.	Lake Park, FL 33403

10. E-mail Address: ReneJoseph3@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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rene Joseph

Date

1-12-2010

Daytime Phone #