

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 16 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004130

1. Corporation Name

FIRST HAITIAN MISSIONARY BAPTIST CHURCH

OF Bradenton, INC
W08 — 41423

09/05/08 01038 003 \$726.50
REINSTATEMENT 06-08

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

1105 65TH AVENUE DR. WEST

Suite, Apt. #, etc.

3. Mailing Office Address

1105 65TH AVENUE DR. WEST

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

BRADENTON, FL

Zip

34207

Country

USA

Zip

34207

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/1999

5. FEI Number
26-2872538

☒ 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

REV. CHENET SIMILIEN

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

622 9TH AVE W

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34205

☐ 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

Chenet Similien

Date 09/19/2008

REGISTERED AGENT MUST SIGN

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
REV/P	CHENET SIMILIEN	622 9TH AVE W	BRADENTON, FL 34205
VP	DIEUJUSTE VILAIRE	1105 65TH AVENUE DR WEST	BRADENTON, FL 34207
SEC	EVENS ORELIEN	2002 49TH AVE W	BRADENTON, FL 34207

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.

SIGNATURE:

Chenet Similien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/19/2009

Date

941-592-3857

Daytime Phone #

2.10/17