

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

~~NOT RECORDED~~

FILED

05 APR 15 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N9900004617**

1. Corporation Name

Holy Church Ministries Inc.

2. Principal Office Address

630 Sharar Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

630 Sharar Ave.

Suite, Apt. #, etc.

City & State

Opa Locka, FL

Zip Country

33054 Dade

City & State

Opa Locka, FL

Zip Country

33054 Dade

600052077376
04/26/05--01017--016 **500.00

600052077376
04/26/05--01017--017 **42.53

REINSTATEMENT 00-05

4. Date Incorporated or Qualified To Do Business in Florida **7/29/1999**

5. *FEI Number ☒ Applied For ☒ Not Applicable

6. **600052077376** \$5.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

Pierre Abel Davilmar

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

14501 N.W. 6th Ave.

Suite, Apt. #, Etc.

City

Pompano beach

STATE OF FLORIDA, COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this **10th** day of **March**, **2005** by **Pierre Davilmar** who is personally known to have produced **FL** as identification.

D14566147420

State

FL

Zip Code

33064

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



JULSON SILME
MY COMMISSION # DD 178733
EXPIRES: January 20, 2007
Bonded Third Party Public Underwriter

3-10-2005

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	Marie Maurice	1099 N.W. 102 street	Miami, FL 33168
TD	Olivia Joseph	1250 N.W. 118 street	Miami, FL 33167
SD	Nadine Fresin	3722 S.W. 52 ave. #102	Pembroke Park, FL 33028
D	Augustin Joseph	15725 N.E 11 CT	Miami, FL 33162
D	Angelere Noel	440 N. W. 104 Terr	Miami, FL 33150
			8/4/22

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 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:

[Signature]

Augustin Joseph

Date

3-10-2005

Daytime Phone #

(305) 948-0587

CRZED81 (01/05)