

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 APR 15 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

~~NOT RECORDED~~

DOCUMENT # N9900004617

1. Corporation Name  
Holy Church Ministries Inc.

2. Principal Office Address  
630 Sharar Ave.

3. Mailing Office Address  
630 Sharar Ave.

City & State  
Opa Locka, FL

City & State  
Opa Locka, FL

Zip Country  
33054 Dade

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 \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Pierre Abel Davilmar

Street Address (P.O. Box Number is Not Acceptable)  
14501 N.W. 6<sup>th</sup> Ave.

Suite, Apt. #, Etc.

City  
Pompano beach

State  
FL

Zip Code  
33064

STATE OF FLORIDA, COUNTY OF BROWARD

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

D14566147420

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 17873 State  
EXPIRES: January 20, 2007  
Bonded thru Notary Public Underwriters

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

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 3-10-2005 (305) 948-0587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE081 (01/05)