

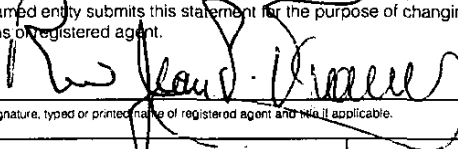
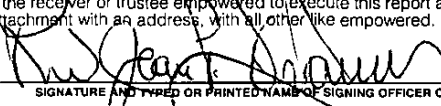


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000006049 1. Entity Name HAITIAN PENTECOSTAL CHURCH AND HOME OF HOPE WORLDWIDE, INC.						<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> FILED 08 NOV 25 PM 4:31 ALLAPOSSEE, FLORIDA </div>	
Principal Place of Business 851 W OAKLAND PARK BLVD FT LAUDERDALE, FL 33311 US				Mailing Address 851 W OAKLAND PARK BLVD FT LAUDERDALE, FL 33311 US			
2. Principal Place of Business - No P.O. Box # 201 N. 68TH TERRACE Suite, Apt. #, etc.		3. Mailing Address 201 N.68TH TERRACE Suite, Apt. #, etc.					
City & State HOLLYWOOD, FL 33022		City & State HOLLYWOOD, FL		4. FEI Number 65-0954044		Applied For <input type="checkbox"/> Not Applicable	
Zip 33022		Country BROWARD		Zip 33022		Country BROWARD	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				11212008 REIN-NP CR2E099 (1/07)			
6. Name and Address of Current Registered Agent FRANCOIS, JEAN P 1190 NW 92 AVE PEMBROKE PINES, FL 33024				7. Name and Address of New Registered Agent Name FRANCOIS JEAN P Street Address (P.O. Box Number is Not Acceptable) 201 N.68TH TERRACE City HOLLYWOOD FL Zip Code 33022			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				Jean Francois, President / PA 11/24/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME PDC <input type="checkbox"/> Delete FRANCOIS, JEAN P STREET ADDRESS 1190 NW 92 AVE CITY-ST-ZIP PEMBROKE PINES, FL 33024				TITLE NAME PDC <input type="checkbox"/> Change <input type="checkbox"/> Addition FRANCOIS JEAN P STREET ADDRESS 201 N.68TH TERRACE CITY-ST-ZIP HOLLYWOOD, FL 33022			
TITLE NAME VD <input checked="" type="checkbox"/> Delete FABIEN, DANIEL STREET ADDRESS 1190 NW 92 AVE CITY-ST-ZIP PEMBROKE PINES, FL 33024				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty)			
TITLE NAME T <input type="checkbox"/> Delete ISMAEL, JEAN E STREET ADDRESS 201 N 68TH TERRACE CITY-ST-ZIP HOLLYWOOD, FL				TITLE NAME TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ISMAEL JEAN E STREET ADDRESS 201 N.68TH TERRACE CITY-ST-ZIP HOLLYWOOD, FL 33022			
TITLE NAME CT <input type="checkbox"/> Delete ISNADY, CAMY STREET ADDRESS 7778 KISMET ST CITY-ST-ZIP MIRAMAR, FL 33024				TITLE NAME TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ISNADY CAMY STREET ADDRESS 7778 KISMET ST CITY-ST-ZIP MIRAMAR, FL 33024			
TITLE NAME C <input type="checkbox"/> Delete ISNADY, MARIE F STREET ADDRESS 7778 KISMET ST CITY-ST-ZIP MIRAMAR, FL 33024				TITLE NAME SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ISNADY MARIE F STREET ADDRESS 7778 KISMET ST CITY-ST-ZIP MIRAMAR, FL 33024			
TITLE NAME <input type="checkbox"/> Delete (Empty)				TITLE NAME VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARRIE J FRANCOIS STREET ADDRESS 31 GROVE RD CITY-ST-ZIP UNION, NJ 07083			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 11-24-08 Phone # 333-464-9263			