

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N99000006383</b>			
1. Corporation Name <b>SOUTH DADE HAITIAN UNITED METHODIST MISSION, INC</b>			
Principal Place of Business <b>605 S.W. 6TH AVENUE HOMESTEAD FL 33030</b>		Mailing Address <b>605 S.W. 6TH AVENUE HOMESTEAD FL 33030</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <b>N/A</b>		3. New Mailing Office Address, If Applicable <b>N/A</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date incorporated or Qualified To Do Business in Florida <b>10/27/1999</b>		5. FEI Number <b>65-1021496</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		APPLIED FOR <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
TT	MARCEUS, EMMANUEL	605 S.W. 6TH AVENUE	HOMESTEAD FL 33030
TC	FLEURINE, ELOU	605 S.W. 6TH AVENUE	HOMESTEAD FL 33030
TS	DORSAINVIL, ERNSO	605 S.W. 6TH AVENUE	HOMESTEAD FL 33030
			100004735571--3 -12/21/01--01027--002 ****236.25 ****236.25
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LOSNER, STEVEN D 65 N.W. 16TH STREET HOMESTEAD FL 33030		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.		Date <b>11/28/01</b>	
Signature of Registered Agent <i>[Signature]</i> REGISTERED AGENT MUST SIGN		Date <b>11/28/01</b>	
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 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: <i>[Signature]</i> <b>ELOU FLEURINE</b>		Date <b>10/29/01</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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