

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -8 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 99000006975

1. Corporation Name
The FIRST HAITIAN church of God
of Prophecy of Ft. MYERS, INC

REINSTATEMENT 02-03

000015443370
04/08/03--01001--017 **297.50

2. Principal Office Address 2646 Ford ST		3. Mailing Office Address 2646 Ford ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT MYERS FL		City & State FT MYERS FL	
Zip 33916	Country Lee	Zip 33916	Country Lee

4. Date Incorporated or Qualified To Do Business in Florida 11/22/1999	
5. FEI Number 65-1601540	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name DAJUSTE, JEAN	
Street Address (P.O. Box Number is Not Acceptable) 3062 GRAND AVE.	
Suite, Apt. #, Etc.	
City FT MYERS FL	State FL
Zip Code 33901	

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 Date 3/26/03
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
CD	DAJUSTE, JEAN	3062 GRAND AVE	FT MYERS FL 33901
VCD	SANIVAL, JEAN B	1680 PASSAIC AVE	FT MYERS 33901
CD	RACCIS, LUBRAINE	4237 Greenwood	FT MYERS 33905
TD	THOMAS, ROSEMOND	3539 GLENN DR	FT MYERS 33901
SD	CASIMIR, ROSE MARIE	1859 HANSON ST	FT MYERS 33901
D	CARNES, AUGUSTE	4450 MEADE AV	FT MYERS 33901

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: JEAN DAJUSTE 3/26/03 334-6390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

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