

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 22 AM 7:58

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

900170230389
02/23/10--01020--010 **253.75
CR2E081 (11/09)

07-10

DOCUMENT # P00416

1. Corporation Name

FLORIDA HAITIAN CHRISTIAN MISSION INC.

2. Principal Office Address - No P.O. Box #

2150 NW 31 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

2150 NW 31 AVENUE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33311

Country

Zip

33311

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/1983

5. FEI Number

59-2436649

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dr. CHARITE ETIENNE

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

2150 NW 31 AVENUE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33311

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 02/19/2010

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
VP	Dr. CHARITE ETIENNE	2150 NW 31 AVENUE	FORT LAUDERDALE, FL 33311
P	PAUL JEAN BAPTISTE	12585 NE MIAMI CT	MIAMI, FL 33161
S	CAROLYN HIMMELHEBER	113 LAKE DORA DR	WEST PAL BEACH, FL 33411
D	COVIN JEAN-MARY	6060 SW 7th ST	MARGATE, FL 33068
D	MARTHA FRANCOIS	1100 NW 15th PL	FORT LAUDERDALE, FL 33311

**M. MILLIGAN
EXAMINER**

10. E-mail Address:

(To be used for future annual report notification)

FEB 23 2010

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. I further certify, 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:

Dr. Charite Etienne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/10

Date

9543307304

Daytime Phone #