

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N99000006049**

1. Corporation Name

**HAITIAN PENTECOSTAL CHURCH AND HOME OF HOPE WORL
DWIDE, INC.**

Principal Place of Business

Mailing Address

201 N. 68TH TERRACE
HOLLYWOOD FL 33024

201 N. 68TH TERRACE
HOLLYWOOD FL 33024

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
03 NOV 18 PM 4: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 2003
200024772382
11/18/03--01004--015 **236.25
4. Date Incorporated or Qualified To Do Business in Florida **10/11/1999**
5. FEI Number **65-0954044**
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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
PBD	FRANCOIS, JEAN P REV.	201 N. 68TH TERRACE	HOLLYWOOD FL
PD	FABIEN, DANIEL REV.	7081 N.W. 16TH STREET, APT. B-30	PLANTATION FL
T	ISMAEL, JEAN EDWARD	201 N. 68TH TERRACE	HOLLYWOOD FL
CT	ISNADY, CAMY	4430 N.W. 10TH PLACE, APT. L203	PLANTATION FL
C	ISNADY, MARIE FRANCE	4430 N.W. 10TH PLACE, APT. L203	PLANTATION FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRANCOIS, JEAN P
201 N. 68TH TERRACE
HOLLYWOOD FL 33024

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State **FL** 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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11-4-03**

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:

[Handwritten Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11-4-03**

Daytime Phone #

Daytime Phone #

CR2E040 (7/03)