


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR 29 PM 3: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N99000006049</b> 1. Entity Name HAITIAN PENTECOSTAL CHURCH AND HOME OF HOPE WORLDWIDE, INC.	
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Principal Place of Business 201 N. 68TH TERRACE HOLLYWOOD, FL 33024	Mailing Address 201 N. 68TH TERRACE HOLLYWOOD, FL 33024
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2. Principal Place of Business 1190 NW 92 AVE Suite, Apt. #, etc.	3. Mailing Address 1190 NW 92 AVE Suite, Apt. #, etc.
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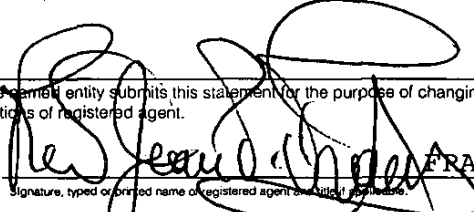
City & State PEMBROKE PINES, FL	City & State PEMBROKE PINES, FL
Zip 33024 Country	Zip 33024 Country



4. FEI Number 65-0954044	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	


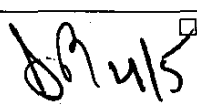
6. Name and Address of Current Registered Agent  FRANCOIS, JEAN P 201 N. 68TH TERRACE HOLLYWOOD, FL 33024	7. Name and Address of New Registered Agent  Name FRANCOIS JEAN, P Street Address (P.O. Box Number is Not Acceptable) 1190 NW 92 AVE  City PEMBROKE PINES FL Zip Code 33024
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8. 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.

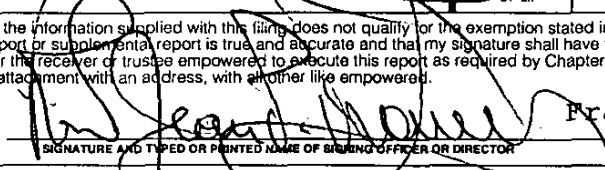
SIGNATURE  FRANCOIS JEAN P, BISHOP & PRESIDENT

Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$297.50</b>	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PBD FRANCOIS, JEAN P REV. 201 N. 68TH TERRACE HOLLYWOOD, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC FRANCOIS JEAN P REV 1190 NW 92 AVE, PEMBROKE PINES FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FABIEN, DANIEL REV. 7081 N.W. 16TH STREET, APT. B-306 PLANTATION, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FABIEN, DANIEL REV 1190 NW 92 AVE, PEMBROKE PINES FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ISMAEL, JEAN EDWARD 201 N. 68TH TERRACE HOLLYWOOD, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700050046617 04/06/05--01069--025 **315.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT ISNADY, CAMY 4430 N.W. 10TH PLACE, APT. L203 PLANTATION, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT ISNADY, CAMY 7778 KISMET ST, MIRAMAR FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ISNADY, MARIE FRANCE 4430 N.W. 10TH PLACE, APT. L203 PLANTATION, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ISNADY MARIE FRANCE 7778 KISMET ST, MIRAMAR, FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE:  Francois Jean , Bishop

Date 3/19/05 Daytime Phone # 973-464-9263