
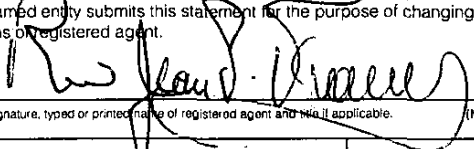
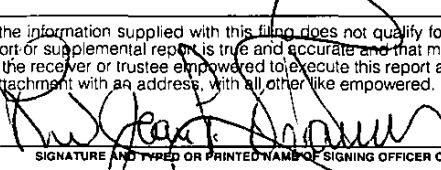


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
08 NOV 25 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|---|--|--|--|--|
| DOCUMENT # N99000006049 1. Entity Name HAITIAN PENTECOSTAL CHURCH AND HOME OF HOPE WORLDWIDE, INC. | | | |  | |
| Principal Place of Business 851 W OAKLAND PARK BLVD FT LAUDERDALE, FL 33311 US | | Mailing Address 851 W OAKLAND PARK BLVD FT LAUDERDALE, FL 33311 US | | | |
| 2. Principal Place of Business - No P.O. Box # 201 N. 68TH TERRACE Suite, Apt. #, etc. | | 3. Mailing Address 201 N. 68TH TERRACE Suite, Apt. #, etc. | | | |
| City & State HOLLYWOOD, FL 33022 | | City & State HOLLYWOOD, FL | | 4. FEI Number 65-0954044 | |
| Zip 33022 | | Country BROWARD | | 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 1190 NW 92 AVE PEMBROKE PINES, FL 33024 | | | 7. Name and Address of New Registered Agent Name FRANCOIS JEAN P Street Address (P.O. Box Number is Not Acceptable) 201 N. 68TH TERRACE City HOLLYWOOD FL Zip Code 33022 | | |
| 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  JEAN FRANCOIS, President / PA 11/24/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEES \$236.25 After January 1, 2009, Fee will be \$297.50 | | | Make check payable to Florida Department of State | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDC FRANCOIS, JEAN P 1190 NW 92 AVE PEMBROKE PINES, FL 33024 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDC FRANCOIS JEAN P 201 N. 68TH TERRACE HOLLYWOOD, FL 33022 | <input type="checkbox"/> Addition 11/25/08--01033--007 **245.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FABIEN, DANIEL 1190 NW 92 AVE PEMBROKE PINES, FL 33024 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ISMAEL, JEAN E 201 N 68TH TERRACE HOLLYWOOD, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ISMAEL JEAN E 201 N. 68TH TERRACE HOLLYWOOD, FL 33022 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CT ISNADY, CAMY 7778 KISMET ST MIRAMAR, FL 33024 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD 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 F 7778 KISMET ST MIRAMAR, FL 33024 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ISNADY MARIE F 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 | VD MARRIE J FRANCOIS 31 GROVE RD UNION, NJ 07083 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered. | | | | | |
| SIGNATURE:  Marie F Isnady 333-464-9263 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| Date 11-24-08 Phone # | | | | | |