

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC -6 PM 5:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000003555

1. Corporation Name
Haitian American Nationalists For Democracy, Inc.

7001 1288867
12/06/07--01011--009 **297.50

REINSTATEMENT

06-07

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

3627 Ave De Gien
Suite, Apt. #, etc.

3. Mailing Office Address

3627 Ave De Gien
Suite, Apt. #, etc.

City & State

Delray Beh FL 33445

City & State

Delray Beach FL 33445

Zip Country

33445 Palm Beh

Zip Country

33445 Palm Beh

4. Date Incorporated or Qualified To Do Business in Florida

7/16/03

5. FEI Number

522277356

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
Maritza J. Altidor - Domond

Street Address (P.O. Box Number is Not Acceptable)
3627 Ave De Gien

Suite, Apt. #, Etc.

City
Delray Beach

State
FL

Zip Code
33445

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

Date 11/30/07

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
PVC	Reginald Abraham	434 Wolf Hill Rd	Dix Hills NY 11746
S	Ofori, Kofia	1821 Shepherd St NE	Washington DC 20018
T	Charles, Harold	9108 10th st.	Lanham, MD
C	Daniel, Robert Dr.	18215 SW 4 CRT.	Pembroke Pines FL 33029
D	Regine, Boucard	525 Pooks Hill Rd. #315-S	Bethesda, MD 20814
D	Laplanthe, Carole	10 Gotham Ave	Elmont NY 11003

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 contained in Chapter 119, 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:

Maritza J. Altidor - Domond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/30/07