

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 17 AM 10:26

DOCUMENT # **N02000009737**

1. Corporation Name

HAITIAN EDUCATIONAL DEVELOPMENTAL ORGANIZATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 03

Principal Place of Business

Mailing Address

6506 N FLORIDA AVE. STE 201
TAMPA FL 33604

6506 N FLORIDA AVE. STE 201
TAMPA FL 33604



200023912492

10/17/03--01081--008 **236.25

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

4. Date Incorporated or Qualified To Do Business in Florida

12/18/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

54-2086891

Not Applicable

Zip

Country

Zip

Country

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
PDT	LOUISSAINT, pierre j	10413 view circle	Tampa Fl 33647
VP	Labbe Hubert	45305 orange Blitr	Orlando Fl
TR	Clemente Geerald	981 Mclean St	Tampa Fl 34698
ADM	Maldonado Islaine	3612 Jefferson Comm	Tampa Fl 33613
SEC	Saint-Louis Julia	4522 W Hanna Ave	Tampa Fl 33614
CONT	Louissaint El isena	10413 Villa View Circle	Tampa Fl 33647

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOUISSAINT, PIERRE J
6506 N FLORIDA AVE, STE 201
TAMPA FL 33604

Name

Louissaint Pierre

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

10413 Villa View Circle

Suite, Apt. #, Etc.

City

Apt #12

State

Zip Code

Tampa

FL

33647

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

REGISTERED AGENT MUST SIGN

Date

OCT 15, 2003

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:

LOUISSAINT, Pierre

OCT-15, 03

Date

813-9734265

Daytime Phone #

CR2EM40 (7/03)