

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 11 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO 4 000009423

1. Corporation Name
HAITIAN AMERICAN POLITICAL ACTION
Committee, INC

400041366084
09/27/04--01043--013 **297.50

2. Principal Office Address <u>670 NE 160 TER</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>670 NE 160 TER</u> Suite, Apt. #, etc.	
City & State <u>Miami, FL</u>		City & State <u>Miami, FL</u>	
Zip <u>33162</u>	Country <u>USA</u>	Zip <u>33162</u>	Country <u>USA</u>

REINSTATEMENT 03-01

4. Date Incorporated or Qualified To Do Business in Florida 3-13-2002

5. FEI Number 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
WILBERT LAURENT

Street Address (P.O. Box Number is Not Acceptable)
670 NE 160 TER

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33162

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 [Signature] Date 9-22-04

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
<u>EXEC DIR</u>	<u>WILBERT LAURENT</u>	<u>670 NE 160 TER</u>	<u>Miami, FL 33162</u>
<u>CHAIR</u>	<u>JOHN PATRICK JULIEN</u>	<u>17100 NE 19TH AVE Suite 107</u>	<u>NORTH MIAMI BEACH, FL 33162</u>
<u>TREAS.</u>	<u>CARLO DOURA</u>	<u>1574 NE 176TH STREET</u>	<u>NORTH MIAMI BEACH, FL 33162</u>

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 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: WILBERT LAURENT WILBERT LAURENT 9-20-2004 786-251 0369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E081 (01/04)