

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 FEB -8 AM 10:09


DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

08-10

REINSTATEMENT

300167112253
01/25/10--01054--008 **245.00
CR2E081 (11/09)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N05000001673**

1. Corporation Name
Association of Haitian Social Workers, INC WI-3849

2. Principal Office Address - No P.O. Box #
2010 NW 193rd ter

3. Mailing Office Address
2010 NW 193rd ter

Suite, Apt. #, etc.
Miami Gardens, FL

Suite, Apt. #, etc.
Miami Gardens, FL

City & State
33056 USA

City & State
Miami Gardens, FL

Zip
33056

Country
USA

Zip
33056

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
2-10-2005

5. FEI Number
202 807 146

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
Myrlene Homy

Street Address (P.O. Box Number is Not Acceptable)
21001 N.W. 14th PL.

Suite, Apt. #, Etc.
245

City
MIAMI GARDENS

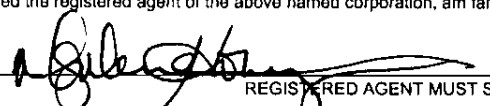
State
FL

Zip Code
33169

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.

300167112253
02/08/10--01068--007 **122.50

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 **1/20/2010**

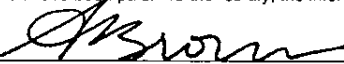
REGISTERED AGENT MUST SIGN

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	M. MILLIGAN City EXAMINER
C	Annez Brown	2010 NW 193rd ter Miami Gardens, FL 33056	FEB -9 2010
(S)	Myrlene Homy	21001 N.W. 14th PL. #245 MIAMI Gardens, FL 33169	
T	Javigne vertu	325 SW 6th AVE	Baynton Bch, FL 33435

10. E-mail Address: **abrownsw@hotmail.com**
(To be used for future annual report notification)

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. I further certify, 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:  **1-20-10 786-267-1964**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #