

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 MAR 22 PM 2:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N45468**

1. Corporation Name

HAITIAN CENTER FOR FAMILY SERVICES, INC.

Principal Place of Business

Mailing Address

2715 N. AUSTRALIAN AVE.
 WEST PALM BEACH FL 33407

2715 N. AUSTRALIAN AVE.
 WEST PALM BEACH FL 33407



REINSTATEMENT

00-01

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

10/04/1991

SF

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0293545

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
CD	LECONTE, PATRICK	2000 PGA BLVD. #3120	PALM BEACH GARDENS FL
VCD	PUN, JEAN A Delete	300 WEST ATLANTIC AVE	DELRAY BEACH FL 33444
T	BARTLEY, DANIEL Delete	5356 BOSQUE LN #115	WEST PALM BEACH FL
S/D	BARTHELEMY, ROODY	P.O. BOX 20813	WEST PALM BEACH FL 33416
2S VCD	THONY, FRANZ	11204 MAHOGANY DR.	BOYNTON BEACH FL 33436

300003923589--1
 -03/28/01--01042--008
 ***245.00 ***245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARRIEUX, ROBERT
 2715 AUSTRALIAN AVE.
 WEST PALM BEACH FL 33407

Name

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

Suite, Apt. #, Etc.

City

300003923589--1
 -03/28/01--01042--008
 ***52.50 ***52.50
 FL

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.

Signature of Registered Agent

[Signature]
 REGISTERED AGENT MUST SIGN

Date 10/12/00

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/00 (561) 366-8003

CR2E040 (8/00)