

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

02 NOV 14 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45468

1. Corporation Name
HAITIAN CENTER FOR FAMILY SERVICES, INC.

2. Principal Office Address
2715 N. Australian Ave.

3. Mailing Office Address
2715 N. Australian Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
West Palm Beach FL

City & State
West Palm Beach, FL

Zip
33407

Country

Zip
33407

Country

REINSTATEMENT 02

5/28/02 91561 001 #6.75
5/28/02 91561 002 #61.25

4. Date Incorporated or Qualified To Do Business in Florida
10/04/1991

5. FEI Number **65-0293545**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

Arrieux, Robert

500009000975

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

2715 N. Australian Ave.

11/14/02 01049 021 **100.00

Suite, Apt. #, Etc.

500009000975

City

West Palm Beach

11/14/02 01049 020 **75.00

State Zip Code
FL 33407

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]

REGISTERED AGENT MUST SIGN

Date **11/12/02**

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
CD	Leconte, Patrick	2000 PGA Blvd # 3120	Palm Beach Garden FL
S	Barthelemy, Roody	P.O.Box # 20813	West Palm Beach, FL 33406
D	Thony, Frantz	11204 Mahogany Dr.	Boynton Beach FL 33436
T	Washington, Bill	2715 N. Australian Blvd.	West Palm Beach FL 33407
D	Desormeux, Roland Father	2715 N. Australian Blvd.	West Palm Beach FL 33407
D	Philippe, Sabin J	2715 N. Australian Ave.	West Palm Beach FL 33407

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:

Patrick Leconte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/12/02

Daytime Phone #