

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000002988

1. Corporation Name  
THE HAITIAN AMERICAN SELF-HELP ORGANIZATION,  
INC

2. Principal Office Address - No P.O. Box #  
8630 Valley Ridge Ct

3. Mailing Office Address  
8630 Valley Ridge Ct

Suite, Apt. #, etc. N/A

Suite, Apt. #, etc. N/A

City & State  
ORLANDO, FLORIDA

City & State  
ORLANDO, FLORIDA

Zip 32818 Country USA

Zip 32818 Country USA

7. Name and Address of Current Registered Agent

Name  
PICARD, JEAN CLAUDE

Street Address (P.O. Box Number is Not Acceptable)  
8630 Valley Ridge Ct

Suite, Apt. #, Etc.  
N/A

City ORLANDO State FL Zip Code 32818

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 Jean Claude Picard  
REGISTERED AGENT MUST SIGN

Date 09/22/08

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
D.	PICARD, JEAN CLAUDE	8630 Valley Ridge Ct	ORLANDO, FLORIDA 32818
D	PICARD, JANE	8630 Valley Ridge Ct	ORLANDO, FLORIDA 32818
D	ST.ELIEN, Ryswick	2622 Balmorel Ct.	Kissimmee, FLORIDA 32818

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 contained in Chapter 119, 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: Jean Claude Picard JEAN CLAUDE PICARD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 09/22/08 (407)293-7096  
Daytime Phone #

FILED

08 OCT -6 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100136671901  
10/06/08--01054--001 \*\*122.50

REINSTATEMENT 07-08

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3474488

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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.

10/7/08