PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR [redacted]

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 AR

APPROVED AND FILED
1997 DEC 19 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005018

1. Corporation Name

HAITIAN TELEVISION NETWORK OF CENTRAL FLORIDA I NC.

Principal Place of Business	Mailing Address
1017. W OAKRIDGE ROAD #D ORLANDO FL 32809	1017. W OAKRIDGE ROAD #D ORLANDO FL 32809

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-12/23/97--01100--001
*****61.25 *****61.25

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: **09/27/1996**

5. FEI Number: 59-3437763 ☐ Applied For ☐ Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Chair	E.Lionel Nau ,M.D. (D)	606 S. Tampa Ave Ste 6	Orlando ,FL 32805
Prog, Direct	Pastor Serge Bonhomme (D)	2419 Shortleaf Ct	Orlando ,FL 32818
Exec. Direct	Maryse Nau (D)	606 S.Tampa Ave Suite 6	Orlando ,FL 32805
Treasurer	Frantz Fanfan	1017 W.Oakridge Rd	Orlando ,FL 32809
Sec	Deborah Hector	9101 Down Crest Way	Windermere ,FL 34786

12/19/97

8. Name and Address of Current Registered Agent

FRANTZ, FANFAN J
1017, W OAKRIDGE ROAD #D
ORLANDO FL 32809

9. Name and Address of New Registered Agent

Name: FRANTZ FANFAN
Street Address (P.O. Box Number Is Not Acceptable): 1017 W OAK RIDGE RD
Suite, Apt. #, Etc.: D
City: Orlando State: FL Zip Code: 32809

CR2E040 (8/97)

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: 12/12/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receivor 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: 11-12-97 Daytime Phone #