

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 APR -6 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 794000002394

**1. Corporation Name**

The Association of Haitian Educators of Dade, Inc.

WDS000015728

**2. Principal Office Address**  
6850 N.W. 38 Drive

**3. Mailing Office Address**  
6850 N.W. 38 Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderhill

City & State

Lauderhill

Zip

33319

Country

Broward

Zip

33319

Country

Broward

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0512234

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

09/17/03 90020 033

236.25

**7. Name and Address of Current Registered Agent**

Name  
Fabrice Laguerre

Street Address (P.O. Box Number is Not Acceptable)  
6850 N.W. 38 Drive

Suite, Apt. #, Etc.

City  
Lauderhill

State  
FL

Zip Code  
33319

**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

000000000000  
04/13/05--01059--005 \*\*122.50

**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
Pres	Fabrice Laguerre	6850 N.W. 38 Drive	Lauderhill, FL 33319
V-Pres	Joey Bautista	700 N.E. 164 Street	N. Miami Beach, FL 33162
Sec.	Diana Loubeau	2654 Tarpon Drive	Miramar, FL 33023
Trea	Yves Polynice	304 N.W. 69 Avenue, #255	Plantation, FL 33317

**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:**

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

Mr. Fabrice Laguerre

March 11, 2005

(305) 458-7785

Date

Daytime Phone #

CR2E081 (01/05)