

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 APR -1 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754199

1. Corporation Name

HAITIAN REFUGEE CENTER /
SANT REFUGEE AYISYIN.

Principal Place of Business

Mailing Address

119 NE 54th STREET 8911 S.W 123rd CT
MIAMI FL 33137 #206
MIAMI FL 33186

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

09/17/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

50-2028218

Applied For

Not Applicable

City & State

City & State

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	JEAN-RENÉ FOUREAU	8911 S.W 123rd CT #206	MIAMI FL 33186
V/D	FERNAND PHILIPPE-AUGUSTE	9848 KENDALL DR. #B103	MIAMI FL 33176
S/D	HENRI HERMANN RAPHAEL	1251 N.E 209 TERR.	MIAMI FL 33179
REINSTATEMENT 97-98			
600002466886-9			
03/24/98-01086-007			
98****131.25 ****131.25			
600002466886-9			
04/02/98-01078-001			
*****8.75 *****8.75			

8. Name and Address of Current Registered Agent

FERNAND PHILIPPE-AUGUSTE
9848 KENDALL DR. #B103.
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number, Not Agency Use)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Fernand Philippe-Auguste
REGISTERED AGENT MUST SIGN

Date MARCH 26TH 1998

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 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: JEAN-RENÉ FOUREAU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean Rene Foureau 3-26-98 305-757-7337
Date Daytime Phone #