

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 22 PM 6:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754199

1. Corporation Name

HAITIAN REFUGEE CENTER/SANT REFJIE AYISYIN, INC

Principal Place of Business

119 NE 54TH STREET
MIAMI FL 33137

Mailing Address

8615 N.W. 5TH TERRACE, #207
MIAMI FL 33126

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

59-2028218

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	4 City / State / Zip
PD	FOUREAU, JEAN RENE	119 NE 54TH STREET	MIAMI FL 33137
VD	PH-AUGUSTE, FERNAND	8615 N.W. 5TH TERR., #207	MIAMI FL 33126
STD	RAPHAEL, HENRY HERMANN	1251 N.E. TERRACE	MIAMI FL 33179
D	TELISMA, MARC	119 NE 54TH STREET	MIAMI FL 33137
D	MAREUS, JACQUES	119 NE 54TH ST	MIAMI FL 33137
D	EXANTUS, SARGILUS	119 NE 54TH ST	MIAMI FL 33137

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PH-AUGUSTE, FERNAND
8615 N.W. 5TH TERRACE, #207
MIAMI FL 33126

Name

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

Suite, Apt. #, etc.

City

State
FL

Zip Code

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

PH-AUGUSTE, FERNAND
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date NOVEMBER 10, 2000

11. 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:

PH-AUGUSTE, FERNAND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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-12/12/00--01040--018

****236.25 ****236.25

11-10-00 305-757-8538

Date Daytime Phone #