

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC -3 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 754199

1. Corporation Name

HAITIAN REFUGEE CENTER/SANT REFIJIE  
AYISYIN, INC.

2. Principal Office Address

119 NE 54TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33137

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/17/1980

5. FEI Number

592028218

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

PH-AUGUSTE, FERNAND

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

6113 NW 183 LANE

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code

33015

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

*Fernand Auguste*

REGISTERED AGENT MUST SIGN

Date 11/22/2002

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
PD	FOUREAU, JEAN RENE	119 NE 54TH STREET	MIAMI FL 33137
VD	PH-AUGUSTE, FERNAND	6113 NW 183 LANE	MIAMI FL 33015
STD	RAPHAEL, HENRY HERMANN	119 NE 54TH STREET	MIAMI FL 33137
D	TELISMA, MARC	119 NE 54TH STREET	MIAMI FL 33137
D	MAREUS, JACQUES	119 NE 54TH STREET	MIAMI FL 33137
D	EXANTUS, SARGILUS	119 NE 54TH STREET	MIAMI FL 33137

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:

*Jean Rene Foureau*

JEAN-RENÉ FOUREAU PD

305-757-8538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/01)