PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 26 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/20/02 001001 65.00
10/14/03 01053 017 66.00
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11/14/03--01011--021 **5.00
09/08/03 01085 002 175.00

DOCUMENT # F00000004432

1. Corporation Name
UNION REGIONALE DES PAYSANS AGRICOLES DE JEAN-RABEL (URPAJ)

2. Principal Office Address	3. Mailing Office Address
4101 N.W. 26TH ST.	P. O. BOX 492232
Suite, Apt. #, etc.: #362	Suite, Apt. #, etc.:
City & State: LAUDERHILL, FL	City & State: FORT LAUDERDALE, FL
Zip: 33313 Country: BROWARD	Zip: 33349 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 08/07/00

5. FEI Number: 52-2266913 ☐ 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: DERINOEL, MONCHER

Street Address (P.O. Box Number is Not Acceptable): 4101 NW 26TH ST.

Suite, Apt. #, Etc.: #362

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City: LAUDERHILL State: FL Zip Code: 33313

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: Dérinoël Moncher (REGISTERED AGENT MUST SIGN) Date: 11/10/03.

CR2E061 (10/02)

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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
P	DERINOEL, MONCHER	4101 NW 25TH ST. #362	LAUDERHILL, FL 33313
D	WYSMY, PETIT-DO	5750 LAKESIDE DRIVE #508	MARGATE, FL 33063
V	MADELEINE, PHILOGENE	JEAN-RABEL	HAITI
S	GEORGES, MARC-ANDRE	GONAIVES	HAITI
T	DUVERSIO, ST. FORT	PORT-AU-PRINCE	HAITI
S	WISLET DIEUJUSTE	JEAN-RABEL	HAITI

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: Dérinoël Moncher (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 11/10/03 (Date) (954) 714-0665 (Daytime Phone #)