

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 NOV 15 PM 4:14

DOCUMENT # L84904

1. Corporation Name

HAITI SUPERMARKET, INC.

Principal Place of Business

Mailing Address

C/O ERNST LUCIUS  
300 W SUNRISE BLVD. #13  
FT. LAUDERDALE FL 33311

4340 NW 3RD PLACE  
FT. LAUDERDALE FL 33304



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

06/29/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0200916

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LUCIUS, ERNST	300 W SUNRISE BLVD.	FT. LAUDERDALE FL

900003488199--6  
-12/05/00--01103--022  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LUCIUS, ERNST  
300 W SUNRISE BLVD.  
FT. LAUDERDALE FL 33311

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/07/00

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/07/00

Daytime Phone #

981-527-4030

(2)

Haiti Supermarket, Inc.  
300 W Sunrise Blvd  
Fort Lauderdale, FL 33311

November 13, 2000

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to certify that I, Ernest Lucius, did submit \$150.00 to The Division of Corporations on April 2000. As per my conversation with one of your representatives on November 2, 2000, I was told that the information was not imputed and or the information was not received by your office year to date. The representative suggested to me that I should call my bank, put a stop payment on the check and resubmit the report with the amount of \$150.00

I am requesting all assessments to be removed from my account because I did submit my report one time. I truly appreciate and thank you in advance for your kind cooperation regarding this matter.

Sincerely yours,



Ernest Lucius  
President