

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR -9 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-09

CR2E081 (12/08)

DOCUMENT # **N0000000 6964**

1. Corporation Name

**HAITIAN AMERICAN NEWS
SERVICES INC**

2. Principal Office Address - No P.O. Box #

16558 NE 26 AVE

Suite, Apt. #, etc.

3G

City & State

N MIAMI BEACH FL

Zip

33160

Country

USA

3. Mailing Office Address

16558 NE 26 AVE

Suite, Apt. #, etc.

3G

City & State

N MIAMI BEACH

Zip

33160

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/2000

5. FEI Number

651098107

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

HANS MARDY

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

16558 NE 26 AVE

Suite, Apt. #, Etc.

3G

City

N MIAMI BEACH

State

FL

Zip Code

33160

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Hans Mardy

REGISTERED AGENT MUST SIGN

Date

03/04/09

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/D	HANS MARDY	16558 NE 26 AVE #3G	N. MIAMI BEACH FL 33160

300145328909
03/09/09--01051--007 **367.50

3/10

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hans Mardy

Date

03/04/09

Daytime Phone #

298-3559