

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 NOV 18 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N0000007391**

1. Corporation Name

Haitian Wood Initiative, Inc

**REINSTATEMENT** 02

700009053837

11/18/02--01090--017 \*\*236.25

2. Principal Office Address

1634 Scholtz Ct.

3. Mailing Office Address

1634 Scholtz Ct.

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

#1

City & State

Key West

City & State

Key West

Zip

33040

Country

USA

Zip

33040

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

November 2000

5. FEI Number

63-106-4892

Applied For  
Not Applied

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee req  
for a Certificate of Stat

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

Name

Glenna L. Stinson

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

1634 Scholtz Ct.

Suite, Apt. #, Etc.

#1

City

Key West

State  
**FL**

Zip Code

33040

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

REGISTERED AGENT MUST SIGN

Date

**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
D	Glenna Stinson	1634 Scholtz Ct. #1	Key West, FL 33030
D	Michael Craig	2133 Louella Ave.	Venice, CA 90291
D	Sandra Barton	2133 Louella Ave.	Venice, CA 90291

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:

*Glenna Stinson*

gt 11/21