

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000002658**

1. Corporation Name

HAITIAN-AMERICAN CULTURAL SOCIETY, INC.

Principal Place of Business

831 NE 207TH LN #201
N MIAMI BCH FL 33179

Mailing Address

831 NE 207TH LN #201
N MIAMI BCH FL 33179

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03



100024497411

11/07/03--01001--024 **245.00

4. Date Incorporated or Qualified
To Do Business in Florida

04/11/2001

5. FEI Number

65-1104551

Applied For

Not Applicable

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
P/D/T	TOUSSAINT, MARIE R	831 NE 207TH LN #201	N MIAMI BCH FL 33179
D	RAMEAU, TOLAINE	20325 HIGHLAND LAKES BLVD	N MIAMI BCH FL 33179
D	DURAND, GLADYS B	478 NE 210 CIR TERR #203	N MIAMI BCH FL 33179
VD	ORIOLE, MICHELE	P O BOX 14	LES CAYES, HAITI
TD	SAUREL, PHILIPPE	10210 SYATES AVE.	CHICAGO IL 60617
D	RAMEAU, YOLAINE	20325 HIGHLAND LAKES BLVD	NORTH MIAMI BEACH FL 33179

8. Name and Address of Current Registered Agent

TOUSSAINT, MARIE R
831 NE 207TH LN #201
N MIAMI BCH FL 33179

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Marie R. Toussaint
REGISTERED AGENT MUST SIGN

Date

10-28-03

11. I certify that I am an officer or director of 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:

Yolaine Rameau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-03

Date

Daytime Phone #

CR2E040 (7/03)