PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		DEPARTMENT OF S Secretary of State ISION OF CORPORATIONS	STATE	04 NO		II: 57 -	
DOCUMENT # NO / 1. Corporation Name HAITIANS LINITED	00000 E For Ar	6586 .06RESS, INC		SECRE TALLAI	TARY OF S IASSEE, FL	TATE ORIDA	
2. Principal Office Address 775 NE 79 STEFFT	NE 79th STEET				EWEN	11 034	
Suite, Apt. #, etc. Suite, Apt. #, City & State City & State		etc.		porated or Qualified iness in Florida		- was a second of the	
HIAMI, FLORIDA Zip Country	Zip	Country	6.	114608	60.75	Applied For Not Applicable	
33/38 Minmi-Dade Se.75 Additional Fee requirements of Current Registered Agent							
8. I, being appointed the registered agent of the Signature of Registered Agent	REGISTERED AG	oration, am familiar with and ac Diague God SENT MUST SIGN	ccept the obligations of secti	on 607.0505 or 617 Date <u>/ 6</u>	.0503, F.S. 126/00	J	
9. Names and Street Addresses of Each Office	er and/or Director (Flo	orida nonprofit corporations mu	ust list at least 3 directors)		· .		
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip			
PAES ROBER E.	Binney	775 NE 7	STREET #E	Himi	, FZ	33/38	
VP FRANCISCO F	FRANCISCO AUGUSTIN 703N		117 St. Mismi		MIAMI, FL 33/61		
TREA ROSE-GABRIEL 1.	Denis	775NE 798	37. HE	Miami	, FL 3	3/38	

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 filling 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.

P.O. BOX 164 306

SIGNATURE:

NESSIM IZMERY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



HAITIANS UNITED FOR PROGRESS, INC.

775 NE 79th Street, Suite E Miami, Florida 33138

Phone: 305.759.6870

Fax: 305.759.8332

October 27, 2004

Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Dear Sir/Madam:

I write this letter to request your consideration in waving the reinstatement fee for our not-forprofit corporation.

We have changed address twice during the past two years and we did not receive the Notice of Dissolution nor did we receive the yearly corporate report form and we have just found out that the corporation had been dissolved administratively for the past two years..

We are a small organization with limited resources.

I enclosed herewith a check in the amount of \$122.50 representing two years of the yearly corporate report fee.

I would greatly appreciate it if you would grant our request.

Sincerely,

Roger E. Biamby

President