

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 23 PM 4:17

DOCUMENT # N01000007443

1. Corporation Name National Association for the
Advancement of Haitian Descendence,
Inc.

2. Principal Office Address
74 Trinity Place

3. Mailing Office Address
74 Trinity Place

Suite, Apt. #, etc.
10th Fl

Suite, Apt. #, etc.
10th FL

City & State
New-York, NY

City & State
New-York, NY

Zip
10006

Country
USA

Zip
10006

Country
USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

Nodeler A. Dorcilien

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

8591 NW 186 Street Ste 178

Suite, Apt. #, Etc.

Suite 178

City

Miami

State
FL

Zip Code
33015

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/21/2004

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
CEO	Nodeler A. Dorcilien	8591 NW 186 Street Ste 178	Miami, FL 3301
SEC	Munir Mourra	8591 NW 186 Street	Miami, FL 3301

900043064049
11/30/04--01028--007 **245.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/2004

Date

212-566-4919

Daytime Phone #

CR2E081 (01/04)

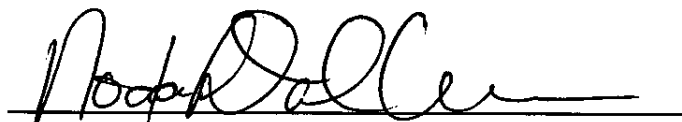
2 yr

New York, Nov. 21st, 2004

To Florida Dept of State

We have not received any letter from the secretary of State since we incorporated the organization in 2001 and we want to reinstate the corporation and we are requesting that Florida Dept of State to waive the reinstatement fee.

We thank you in advance...

A handwritten signature in black ink, appearing to read 'Nodeler Dorcilien', written over a horizontal line.

Nodeler Dorcilien