

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 20 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000000210

1. Corporation Name

SLN HAITI INC

19600 NE MIAMI COURT

200041173782
09/20/04--01030--016 **122.50

2. Principal Office Address

19600 NE MIAMI COURT

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

FL

Zip

33179

Country

USA

Zip

!

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 01--11-02

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

JUDE ALCINDOR

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

19600 NE MIAMI CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33179

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

Jude Alcindor
REGISTERED AGENT MUST SIGN

Date 9-9-04

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-VP	JEAN CLAUDE LALEAU	1080 NE 161 TER	MIAMI FL 33162
D-PR	JUDE ALCINDOR	19600NE MIACT	MIAMI FL 33179
D-TRS	IRMA Nelfort	20441 NE 14 CT	MIAMI FL 33179

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:

Jude Alcindor President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-9-04

Daytime Phone #

CR2E081 (01/04)