PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

N02000003686 DOCUMENT

1. Corporation Name

HAITIAN-AMERICAN COMMUNITY HELP CENTER, INC.

Principal Place of Business

Mailing Address

85 NW 15TH PLACE POMPANO BCH FL 33060 85 NW 15TH PLACE POMPANO BCH FL 33060

FILED)

03 OCT 21 AM 10: 12

SECRETARY OF STATE

If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified To Do Business in Florida 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 05/14/2002 Suite, Apt. #, etc. 5. FEI Number Applied For Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 🔀 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) Street Address of Each Name of Officers City / State / Zip Title(s) Officer and/or Director and/or Directors POMPANO BCH FL 33060 87 NW 15TH PLACE ISMA, EMMANUEL PATRICK BERNAY γρ.· Ο. ΒΟΧ 8107 ٧ Raton ヤコル S STANLEY: PAULETTE 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name ISMA, EMMANUEL Street Address (P.O. Box Number is Not Acceptable) 87 NW 15TH PLACE 600023961866 Suite, Apt. #, Etc. POMPANO BCH FL 33060 **70.00 10/21/03--01029--003 Zip Code State 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 11. 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.

A Non Profit 501 (C) (3) Corporation P.O. BOX 272085 Boca Raton, FL 33427

October 11, 2003

To Whom It May Concern:

This letter is to advise you that we, the Haitian-American Community Help Center, Inc., did not receive any notification from the Florida Department of Corporation that our renewal was due. We sent in June 2003 an amendment of our directors and the new address. However it seems that you did not receive it. Enclosed you will find a check for \$70. \$61.25 for the annual fee and \$8.75 for the certificate. Our understanding is that because we did not receive the notification, the reinstatement fee may be waived.

Please send all future notices to our P.O. BOX address. Feel free to contact us per inquiries.

Thank you,

Jennifer R. Bernavil Secretary Haitian-American Community Help Center, Inc.