

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 28 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 0200000748**

1. Corporation Name

LITTLE HAITI CIVIC ASSOCIATION, INC

2. Principal Office Address

294 NE 82 TERR

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 381514

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33138

Country

Zip

33138

Country

REINSTATEMENT 03-04

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

J. CALIXTE

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

294 NE 82 TERR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33138

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

J. Calixte

REGISTERED AGENT MUST SIGN

Date

11/25/03

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
T=	ANNE MARIE BIENAIME	1234 NE 151 ST	MIAMI, FL 33162
S=	NORSILIA NORVILUS	2262 NE 1ST AVE #8	MIAMI, FL 33138
D=	J. CALIXTE	294 NE 82 TERR	MIAMI, FL 33138

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:

J. Calixte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/25/03 (305) 479-7948

Daytime Phone #

CR2E081 (10/02)

JANUARY 10, 2004

LITTLE HAITI CIVIC ASSOCIATION, INC.

P.O. BOX 381514 MIAMI, FL 33138

(305) 479-7948

Dear Sir or Madam.

I, M Writing this letter

I, M Writing this letter to you concerning Little Haiti Civic Association, inc.

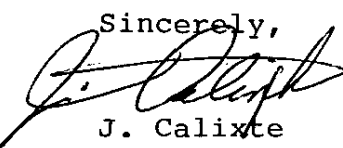
The purpose of this letter is to tell you, that I did not receive the annual report notice for year 2003 .

I did not receive any funds from any other sources for the year 2003...

I would like for you to waive the fee for Little Haiti Civic Association, inc.

Thank you for your cooperation..

Sincerely,



J. Calixte

Founder and Director