

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 NOV 13 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **NO2000007418**

1. Corporation Name

**Little Haiti Civic Association, Inc**

**REINSTATEMENT<sup>06</sup>**

CR2E081 (12/05)

2. Principal Office Address

**294 NE 82 TER.**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 381514**

Suite, Apt. #, etc.

City & State

**Miami**

City & State

Zip

**33138**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/25/2002**

5. FEI Number

**562385260**

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

**JULES 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

*Jules Calixte*

REGISTERED AGENT MUST SIGN

Date **10/06/06**

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
<b>D</b>	<b>Jules Calixte</b>	<b>294 NE 82 TERR.</b>	<b>Miami, FL 33138</b>
<b>S</b>	<b>ANNEHARIE Bien Aime</b>	<b>1234 NE 151 ST</b>	<b>Miami, FL 33161</b>
<b>O</b>	<b>NORSILIA NORVILUS</b>	<b>8262 NE 1st AVE #8</b>	<b>Miami, FL 33138</b>

700081822417  
11/15/06--01052--002 \*\*\$1.25

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jules Calixte*

**10/06/06 (786) 294-1796**

Date

Daytime Phone #

October 06, 2006

To Whom it may Concern.

I write this letter to you, concerning  
Little HAITI CIVIC ASSOCIATION INC.

The Purpose of this letter is to request  
a waiver for my association, the reason  
I did not mailed the annual report to you  
on time, I did not received the  
annual report in my mailing adress.

Also when I requested a reinstatement  
form, I did not have the money to send  
the reinstatement form, because I am  
not 501 C-3 yet I'm <sup>(not)</sup> receiving any  
financial aid from any body net.

thank you for your Cooperation

for further information feel free to call me  
at (786) 294-1796 adress  
P.O. Box 381514 MIAMI, FL 33138.