

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <u>NO2000007418</u> 1. Corporation Name <u>Little Haiti Civic Association, Inc</u>		



2. Principal Office Address <u>294 NE 82 TER.</u> Suite, Apt. #, etc.	3. Mailing Office Address <u>P.O.Box 381514</u> Suite, Apt. #, etc.
City & State <u>Miami</u>	
Zip <u>33138</u>	Country <u>USA</u>

FILED

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida	<u>09/25/2002</u>
5. FEI Number	<u>56238 5260</u>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
S8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>JULES CALIXTE</u>		
Street Address (P O Box Number is Not Acceptable) <u>294 NE 82 TERR.</u>		
Suite, Apt. #, Etc		
City <u>Miami</u>	State <u>FL</u>	Zip Code <u>33138</u>

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

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
<input checked="" type="checkbox"/> <u>D</u>	<u>Jules Calixte</u>	<u>294 NE 82 TERR.</u>	<u>Miami, FL 33138</u>
<input checked="" type="checkbox"/> <u>O</u>	<u>ANNEMARIE Bien Aime</u>	<u>1234 NE 151st</u>	<u>Miami, FL 33161</u>
<input checked="" type="checkbox"/> <u>O</u>	<u>NORSILIA NORVILUS</u>	<u>8262 NE 1st AVE #8</u>	<u>Miami, FL 33138</u>
			<u>700081822417</u> 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

10/06/06 (786)294-1796
Date
Daytime Phone #

06/4/14

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 ^(not) receiving any
financial aid from any body net.

thank you for your CoorParation

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