

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 10:26

DOCUMENT # N02000009737

1. Corporation Name

HAITIAN EDUCATIONAL DEVELOPMENTAL ORGANIZATION, INC.

Principal Place of Business

Mailing Address

6506 N FLORIDA AVE. STE 201  
TAMPA FL 33604

6506 N FLORIDA AVE. STE 201  
TAMPA FL 33604

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/18/2002

5. FEI Number

54-2086891

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDT	LOUISSAINT, pierre j	10413 view circle	Tampa Fl 33647
VP	Labbe Hubert	45305 orange Blitr	Orlando Fl
TR	Clemente GERALD	981 Mclean St	Tampa Fl 34698
ADM	Maldonado Islaine	3612 Jefferson Comm	Tampa Fl 33613
SEC	Saint-Louis Julia	4522 W Hanna Ave	Tampa Fl 33614
CONT	Louissaint El isena	10413 Villa View Circle	Tampa Fl 33647

8. Name and Address of Current Registered Agent

LOUISSAINT, PIERRE J  
6506 N FLORIDA AVE, STE 201  
TAMPA FL 33604

9. Name and Address of New Registered Agent

Name

Louissaint Pierre

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

10413 Villa View Circle

Suite, Apt. #, Etc.

City

Apt #12

State

Zip Code

Tampa

FL

33647

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

REGISTERED AGENT MUST SIGN

Date

OCT 15, 2003

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OCT-15, 03

813-9734265

CR2EM40 (7/03)