

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2010 JUL 16 P 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400181951454
06/10/10--01026--012 **367.50

400181951454
07/16/10--01021--017 **175.00
CR2E081 (4/10)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000001853

1. Corporation Name
ORGANIZATION For the Development of Haiti, INC.

W10000028109

2. Principal Office Address - No P.O. Box # 18342 N.W. 44 th Place		3. Mailing Office Address P.O. Box 170 467	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI GARDENS, Florida		City & State Hialeah, Florida	
Zip 33055	Country DADE	Zip 33017	Country DADE

4. Date Incorporated or Qualified To Do Business in Florida 03/04/2003

5. FEI Number 57-1151654

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

Applied For
Not Applicable

7. Name and Address of Current Registered Agent

Name
Lyonel Woolley

Street Address (P.O. Box Number is Not Acceptable)
18342 N.W. 44th Place

Suite, Apt. #, Etc.

City
MIAMI GARDENS


State
FL

Zip Code
33055

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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  Date 5/17/2010

REGISTERED AGENT MUST SIGN

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
Executive Director	Lyonel Woolley	18342 N.W. 44 th place	MIAMI GARDENS, FL 33055
Secretary	Luis Bouchereau	4111 Dixie Rd #B	Fair Campbell, KY 40223
Director	Monalisa Woolley	18342 N.W. 44 th place	MIAMI GARDENS, FL 33055
Treasurer	Edith Mandesir	18342 N.W. 44 th place	MIAMI GARDENS, FL 33055

REINSTATEMENT

05-10

10. E-mail Address: odhayiti@aol.com

(To be used for future annual report notification)

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. I further certify, 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:  Lyonel Woolley 5/17/2010 (305) 624-4405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #