

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 FEB -3 PM 1:01

DOCUMENT # N04000001773

1. Corporation Name

IDEAL HAITIAN COMMUNITY NETWORKING, INC.

2. Principal Office Address - No P.O. Box #

1591 BRESEE RD

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc

City & State

WEST PALM BEACH

City & State

Zip

FL

Country

US

Zip

33415

Country

PALM BEACH

600166853926
02/03/10--01033--003 **70.00
REINSTATEMENT 05-10
B 2/14/10
600166853926
01/21/10--01043--002 **481.25
CR2E081 (11/09)

4. Date Incorporated or Qualified

To Do Business in Florida 2/17/2004

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

GUY OBERT EDMOND

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

1591 BRESEE RD

Suite, Apt. #, Etc

City

WEST PALM BEACH

State

FL

Zip Code

33415

☐ The 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 01/16/2010

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
D	GUY OBERT EDMOND	1591 BRESEE RD	WEST PALM BEACH, FL 33415
D	CLAUDE THIERRY JACOD	1398 SUMMIT PINES BLVD	WEST PALM BEACH, FL 33415
D	JEFFERSON JOSEPH	1897 SHERWOOD FOREST BLVD	WEST PALM BEACH, FL 33415
D	MERCILIA EDMOND	4749 PINE AIR	WEST PALM BEACH, FL 33458

10. E-mail Address: EDWINGGUY@YAHOO.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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/10

Date

Daytime Phone #